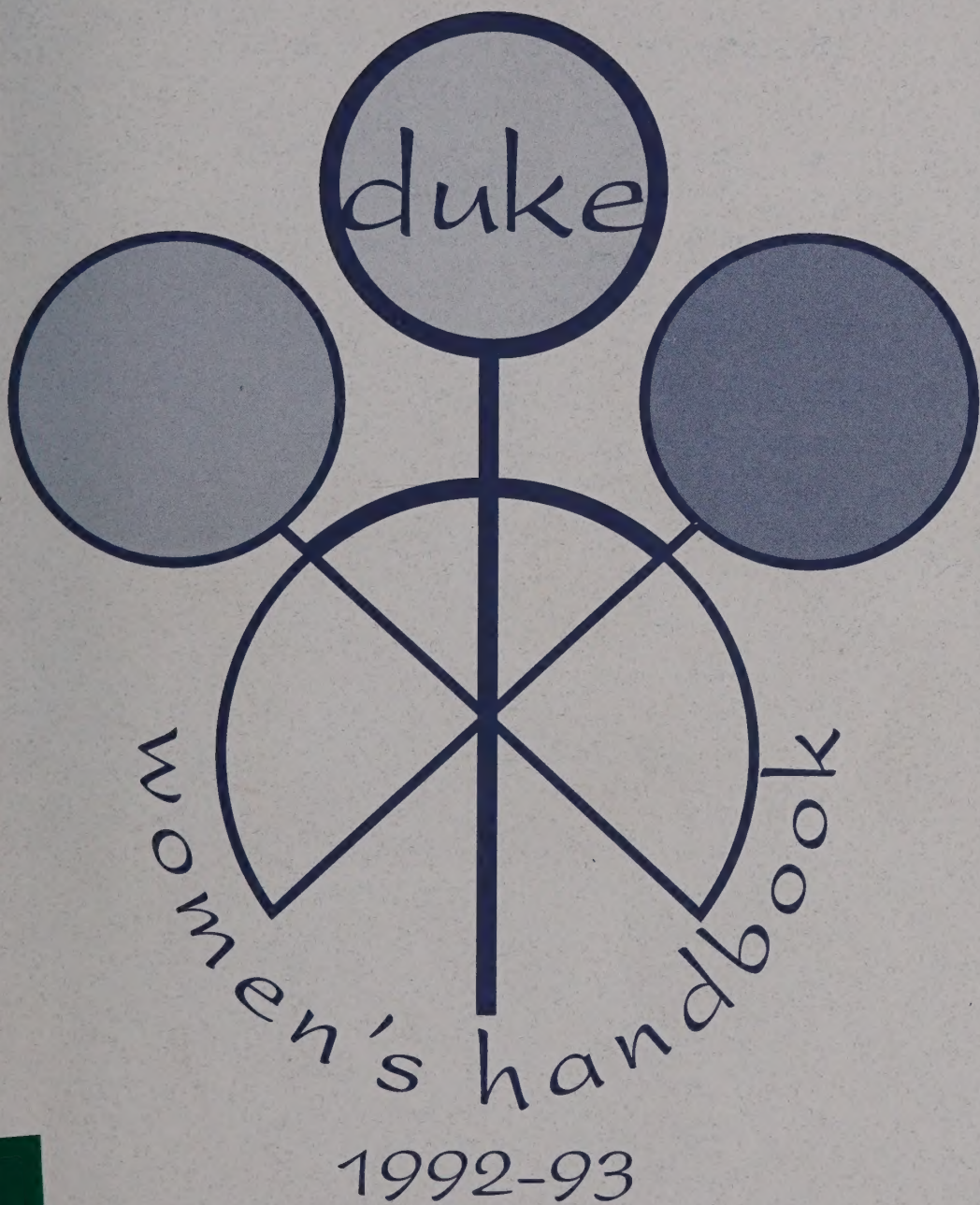




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duke women's handbook

fifth edition
1992-93

Fall, 1992

Dear Women of Duke,

The *Duke Women's Handbook* was created in 1988-1989 as a forum for Duke women to share common concerns, hopes and fears—to make their voices heard in the Duke community. Through the years, the Handbook has become more and more of a guide for Duke women—especially first year women.

I wish that there wasn't a need for the *Duke Women's Handbook*. I wish that we didn't have to encounter the obstacles that we have to overcome every day. But this is not the case. I don't mean to be pessimistic, merely realistic. Rape, unwanted pregnancies, and sexual harassment do exist. Their numbers seem to run rampant in college communities. We must not allow these issues to overwhelm and intimidate us, instead we must tackle them. Our main weapons are awareness, education and communication.

The *Duke Women's Handbook* contains lists of resources and organizations where you can seek help, gain information, or merely express yourself. This book also serves as a mouthpiece for our voices. The voices of Duke women present and past echo through these pages. They are here to let you know that you are not alone in your struggles and triumphs—that there are people in the community who care.

I would like to leave you with a quote from Aretha, a personal favorite of mine:

They say that it's a man's world,
but you can't prove that by me.

Here's to the day when it's *our* world.

Jane Mendez
Editor-in-Chief

E. Parns
#7453
1992/93

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Lucille

What made you wait
so late in life
to teach your hands to do this?
Standing in kitchens
the sun on your face,
your stockings slipping
beneath flowered-print house dresses—
you have been the wife
of a man in coveralls, workboots
and your face has the furrows
of the rows of brown earth
outside beneath the rising stalks of corn.
Did it take you so long
to recall everything you'd seen?
the line of that house,
the slant of that fence.
Now your fingers are wrinkled—
sagging at the knuckles
brown patches like ink stains
or maps of where you've been.
They shake and veer slightly
until suddenly strong, they are gripping
the carved wooden brush—
your hand dipping the flick of its end
into paints.
Did you have to teach your fingers—
or did the tips of them recall
the feel of the fingerpaints
as a child seventy years ago?
And did you just get so old
that it didn't matter
what you should be doing anymore
or how strange it was to want this—
an old woman painting only now.
This is your life,
tapping through your paintbrush
onto that stretching white canvas.

Leigh Edwards
Trinity '92

Hope

I used to know where the world was
without asking
what it meant,
to be alive,
to be a woman
aging and
separating from a life
that others made for me.
I trusted
the path I climbed would be high
but well marked,
until one day
the rungs dissolved,
leaving me to float
alone.

Now patterns join behind my lids,
gold and green diamonds,
that entertain,
but resist control.

If I could catch them,
fit them,
into something I could stand on,
maybe I wouldn't fear
that the circles of my life might easily collapse
to meaningless points
and disappear.

In a world that I form
from the smallest blocks,
meaning pours from everything.
A person doesn't ask,
she knows from birth,
to build her own place to stand.

Sarah Carroll
Trinity '90

The Duke Undergraduate Publications Board oversees the operation of this publication. We welcome all comments, criticisms, and suggestions.

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Herstory

Women have always been an important part of Duke University, and their contributions to the community have been diverse and invaluable. Although they do not receive much attention in the histories of Duke, women have played a vital role in shaping it into what it is today.

A HERSTORY OF WOMEN AT DUKE

Duke's predecessor, Trinity College, was a co-ed institution. The first women to graduate were sisters: Theresa, Persis, and Mary Giles. Though they were taught in segregated classes, the college considered them regular seniors when they received their degrees in 1874.

In 1893, Trinity College President John Kilgo set the tone for the education of women at Duke in a series of essays entitled "Female Education." In these essays, he maintained that women's sphere is different from that of men, requiring less strength and academic preparation. He held the more traditional view that, "the wife and mother is the source of inspiration to the husband and son, and our world will never be greater than our women." At the same time, he believed that "higher education of women is both a right and a necessity," and felt that women were largely responsible for the moral and social life of the nation.

In 1896, Washington Duke provided \$100,000 to Trinity College on the condition that all classes be "frankly open to women." Even though Duke removed the stipulation in 1903, saying he did not want to dictate school policy, the college remained co-ed. Women began to enroll in higher numbers.

In 1897, Benjamin N. Duke donated money for the first women's dormitory, the Mary Duke Building, which stood near the present location of Jarvis dormitory. By the outbreak of World War I, however, the lack of facilities for women became glaringly apparent. Women were limited to certain rooms in the library and could not eat with the male students. Decreased numbers of male students due to the war remedied the situation: women moved into the vacant spaces in Alspaugh and increased their enrollment from 92 in 1916 to 148 in 1919.

The completion of the Southgate Memorial Building in 1921 marked the first step towards a Woman's College. Southgate served as a mini-residential college for women, with its own gymnasium and dining hall. Southgate had only two classrooms, and was therefore too small to meet the students' needs, but the building proved that women were to be a permanent presence at the College.

Early stereotyping of the coeds was common; as a 1922 edition of *The Chronicle* described them: "Some are pure and saintly — much to be admired; some are vampish and annoying — to be avoided, some are innocent and stupid — much to be pitied; some are fickle and treacherous — the cause of much wailing and gnashing of teeth."

In 1924, Alice Mary Baldwin, a University of Chicago trained historian, became the Dean of the Woman's College. She was the first female faculty member and dean at the University. In the same year, James B. Duke endowed Trinity College, creating Duke University. The endowment included a stipulation for a "coordinate college for women," and, in 1930, with 626 undergraduates and graduate students, the Woman's College of Duke University officially opened. All women moved into the new dorms on East and men moved into the newly constructed West campus.

The all-female leadership of the Woman's College provided role models and an advising system to support female students in their aspirations and goals. Dean Baldwin was determined to create one of the finest woman's colleges in the country, in addition to participating fully in administrative affairs. Many of the College's male administrators were unsure of how to deal with her for she was the school's first female faculty member and dean.

Dean Baldwin anticipated this, however, and was both ladylike and firm. She appealed to the men's sense of southern womanhood, but refused to be taken lightly. Stressing the importance of culture, beauty, and intellectual challenge, Dean Baldwin gave the female students pride in their college and a feeling of unity. One of the first things she changed at the College was a rule forbidding women to attend dances on or off campus. After discussing this ridiculous prohibition with President Few, women received permission to attend — but on one condition. Before they left Southgate, President Few would personally inspect and approve the dress of every woman.

The Woman's College had an independent student government, and there were numerous other leadership opportunities. Alpha Delta Phi was the first sorority, established in 1911. Usually, a local sorority would establish a chapter on campus and then petition a national sorority for a charter. At first, sororities held meetings in dormitories, but in 1935 the Panhellenic House



Alice Mary Baldwin, first Dean of the Woman's College

(which today houses Duke Press) was built for this purpose. Formal rush was held in the fall, although women could be asked to join a sorority at any time during the year.

Although women were officially accepted on campus, some male members of the community viewed them with suspicion. *The Duke Handbook* of 1931-1932 contains the following warning: "It is a good idea not to make visits to the women's campus too often. Some lovely girls are there but they sometimes make us forget our studies. The best way to overcome that weakness we all have is to stay away from them."

Before 1930, no woman held the position of primary editor of any Duke publication, though women shared leadership positions with men through the 1920s. For example, Evelyn Milner was selected co-ed editor of *The Chronicle* in 1924, and by 1927 a coed staff produced one issue of *The Chronicle*. In March of 1931, the first issue of *The Distaff*, a literary magazine published by and for women, appeared at the Woman's College. In their first editorial, *The Distaff* editors noted, "It has been customary in all organizations in which both the men and women have a part for the men to hold all the responsible positions. ... It is the purpose of this magazine ... to create a medium through which the women students of the University may express themselves more freely than in a publication edited by the men ..." Although the magazine only lasted until 1934, the venture proved that female students were capable of organizing a successful publication. Afterwards, men and women worked on campus publications together.

In 1931, the Nursing School opened in conjunction with Duke Hospital. Graduate and pupil nurses lived in Southgate dormitory on East campus and came to the hospital by bus. In 1932, a nurses' dormi-

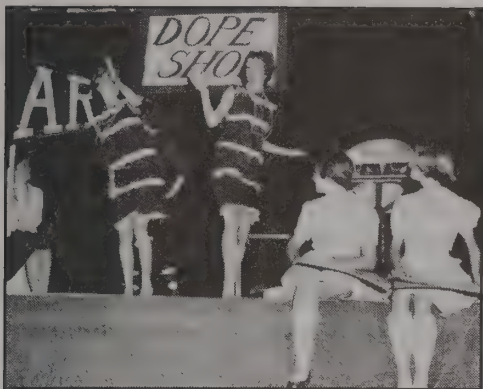
tory was built next to the hospital, and named Baker House in honor of Bessie Baker, first dean of the nursing school. The undergraduate school of nursing closed in 1984, but a masters in nursing is still offered.

In 1943, four women enrolled in the College of Engineering as regular students. One female electrical engineer was elected treasurer of the campus chapter of the American Institute of Electrical Engineers.

Conditions at the Women's College improved under Dean Baldwin's leadership. Yet women were required to follow much stricter codes of behavior than were men. No women were allowed to own cars or ride in them without permission. Only men were allowed in dorm parlors, and women could not visit them without approved chaperones. Female students were not permitted to walk from East to West campus alone, and they could only go into town in groups of three or more. The houses closed at 10:30 p.m. on weeknights and 11:30 p.m. on Saturdays, and women were required to sign in and out. First year students could have two date-nights per week, and sophomores three (bear in mind that a "date" was any conversation with a man that lasted longer than twenty minutes). Phone calls were to last no longer than three minutes, permission slips were needed in order to attend dances, and the women were expected home within a half-hour of the end of dances. There were even approved off-campus restaurants and movie houses — the rest were off-limits. Shorts were not allowed at all — women wore long coats over their shorts on the way to the gym.

In the late 1950s, students began to challenge the institutional and social structures of the campus with a growing demand for integration. The student government of the Woman's College passed a resolution in the spring of 1960 supporting the Woolworth's sit-in in Durham. In 1961, the graduate and professional schools were desegregated; the undergraduate school followed in 1963.

It was a different world when I attended Duke back in the 50s . Of course, West campus was all male, East all female, and co-ed dorms were not even a figment of the imagination. On East campus, we fought hard to get the Bermuda-shorts rule changed so that girls could wear them without raincoats ... just as guys did! Can you imagine how stupid girls looked wearing Bermuda shorts (you know, the kind that stop just above the knee!) with a long, calf-length raincoat flapping around unbuttoned in the bright sunshine. The rule did not require that we button the raincoat, so in defiance, we let it flap open as we walked ... not a pretty sight! And then there was the five-minute-until-dorms close rule. All dorms on East were locked at 10:30 p.m. during the week and at midnight on the weekends. After a date, we parked in cars beside our dorm until the outside lights on the building were flicked off and on to signal five minutes until the doors were locked. Girls who were late were grounded and could not leave the campus at night. Which reminds me of the sign-out rule. Every



Homecoming Skit, circa 1958



Fun at the Woman's College

girl who left her dorm after 8:00 p.m. any evening had to sign out and sign in upon returning. And don't forget the bedchecks to enforce all these rules! But what we felt most unfair was that the guys had maid service and the girls didn't. That difference rankled us more than all the rest.

Since the 50s, we women have changed dramatically our perceptions of ourselves, our roles, and our relationships with men in both public and private spheres. Anthropologists compare such a profound social revolution to the change from a nomadic society to an agrarian society which, of course, took place over eons of time. The women's movement compressed an equivalent amount of social change into less than two decades. But beware of complacency. Despite these gains, women are not yet deemed equal to men; and each of us must achieve our own personal freedom while working together to build a more open, egalitarian society that does not discriminate against women with rules designed to keep us in our place. Many psychologists predict that we will not revert to the rules of the 50s. And Duke women now and then say ... good riddance!

Dr. Dorothy Smith Fidler
Class of '59

In the fall of 1963, five African-American students entered Duke. Three of these students were women: Cassandra Smith, Mary Mitchell, and Wilhemina Reuben. Mary Mitchell Harris described her experience to *The Chronicle*: "The role I chose was to be a regular student, but at that period of time, I was really a crusader. I integrated every class I was in."

The first black students at Duke needed to be crusaders in order to meet the resistance they faced from many white students. The African-American women not only faced this opposition, they overcame it. For example, in 1967 Wilhemina Reuben was elected May Queen, one of the Woman's College's highest social honors, and was Duke's representa-

tive at the Azalea Festival in Wilmington, North Carolina.

Students continued to protest unjust conditions and regulations at the University during the 1960s. In February 1968, the Afro-American Society, under the leadership of president Brenda Armstrong, staged a takeover of the Allen Building. The students' demands included establishment of a fully accredited Afro-American studies department, a black advisor, a black dormitory, and a re-evaluation of admissions requirements to remove biases against African-American students.

In April of 1968, following the assassination of Martin Luther King, students staged a Silent Vigil to support workers at the University, and called for an increase in Duke's minimum wage, collective bargaining, and a University commitment to work for racial equality and freedom. Among the leaders of the four-day, nationally covered event were Margaret Small, former president of the Panhellenic Council.

Students at the Woman's College challenged residence hall curfews, after-dark sign-out sheets, and the out-of-town leave cards which regulated their lives — men had no such regulations. Many students and faculty believed that the need for a separate college for women was outdated, and that coed living experiences would do a great deal to improve social relations. Some voiced fears that the merger might mean subordination of female students, most agreed that the time had come to bring the two campuses together.

When I came to Duke in 1969, women were housed on East campus and men on West — hence the term “East Beasts,” a reference to the supposedly over-intellectual female students, who were admitted in smaller numbers and therefore feared to be smarter than the men. Women, but not men, had strict curfews, and occasionally there were bed checks during which we had to sit out in the halls while the judicial board representative looked for unauthorized guests. Among my memories of my first year are a discussion between two senior women about whether it was appropriate to wear pants to West campus; a conversation about “teddy-bear tricks,” which were non-assertive, “feminine” methods of enticing a man to think about or call you, and the intercom announcements which informed a woman about the presence of a “visitor” or a “caller” waiting for her at the front desk. Visitors were parents and other such interesting people; callers were eligible young men. Dating was the only possible form of social interaction on weekends.

Although I was an English major, I can think of only one woman author I read (“studied” would be too strong a word). In four years I had only two women teachers, both in my first year for introductory courses, both on the instructor level. The striking thing about these last two facts is that at the time they didn't strike me at all. Even in a course in which we were invited to create our own reading lists, it didn't even occur to me to include a woman writer. Recently a person who studied here as a

graduate at the time I was an undergrad, the early seventies, reported a conversation she had with a friend much later. She said, "Of course, when I was at Duke, I wasn't out as a lesbian." The friend replied, "Are you kidding? When I was at Duke, I wasn't even out as a woman." This evokes very well the atmosphere I'm trying to describe.

But in strange concurrence with these memories of my first year is another set: the bombing of Cambodia; the legacy of the Vigil; talk of "Women's Lib" (the first time I heard it described I was immediately converted, in theory at least); and Anne Scott's speech to the entering class of the Woman's College. I'm sure many women from my year remember that speech and continue to be inspired by it. That was the only time I felt the sense of what a "Woman's College" could be: all these women together, listening to a feminist scholar exhorting us to define our college experiences in terms of our own self-development, independent of relationships with men.

*Eugenia DeLamotte
Visiting Professor of Women's Studies
Class of 1973*

In 1972 the faculty and trustees approved a merger of Trinity and the Woman's College to create the Trinity College of Arts and Sciences. Coed housing became available on both campuses, and the student governments of the Woman's College and Trinity combined to create the Associated Students of Duke University.

My undergraduate experience at Duke seems to elicit only very fond memories for me. I really had no expectations about Duke, since neither of my parents had attended college. I did know that I would have to work very diligently to maintain a respectable academic record. Unfortunately, my inability to concentrate sometimes, along with my pre-med curriculum, resulted in a less than stellar scholarly performance.

Nonetheless, Duke was a special place for me. I encountered people and situations that I had never had an opportunity to imagine, let alone experience. It was frightening and lonely at times, yet somehow, I always felt supported in the end. I remember the most valuable support being provided by the women in my residence hall, by the men who lived in the residence hall next door, and by the members of a nearby fraternity which included a friend of mine from high school.

I must frankly credit my classmates, both men and women, for creating an environment that enabled me to feel that I was capable of doing whatever I aspired to do. After completing my undergraduate degree, I stayed at Duke to pursue a Master's in Health Administration. Again, I felt the same encouragement from my fellow graduate students to pursue my personal and professional goals.

Ambitious, motivated, supportive, concerned, and fun-loving — those words seem to best describe the people of Duke, past and present. I continue to feel privileged to be associated with such a remarkable community of individuals.

*Sue Wasiolek
Trinity '76, MHA '78
Dean for Student Life*

As a result of a study on gender issues at Duke, the Coalition for a Women's Center formed in 1986. The Coalition proposed that a space be created that would provide a meeting space, a library, and a forum for student activity on gender. In the fall of 1988, a task force established the Duke Women's Center.

A comprehensive and formal history of women at Duke has yet to be written. However, women continue to be a vital part of the Duke community, helping to decide the future of our University.

OUR FOREMOTHERS

Duke women have long been inspirational leaders in every field imaginable. The following list is an introduction to our foremothers, but is only a fraction of what Duke women are doing and have done.

Alice Mary Baldwin: The first female faculty member and first Dean of the Woman's College, she was selected by President Roosevelt along with seven other female educators to advise the Bureau of Naval personnel in organizing WAVES (Women Accepted for Volunteer Emergency Service).

Mary Grace Wilson: The first Dean of Students at the Woman's College, she assumed responsibility for the extracurricular lives of 5000 women between 1930 and 1970. East campus' Wilson House is named in her honor.

Dr. Katherine Everett Gilbert: Joined the faculty in 1930 as a professor of aesthetics, becoming the first female full professor to sit on the Duke faculty. She chaired the Woman's College Library Committee, increasing circulation to 4000 volumes. In 1943 she became chair of the Department of Aesthetics, Art, and Music. One wing of Gilbert-Addoms dormitory is named in her honor.

Ruth Addoms: Came to Duke in 1930 as a noted botanist who specialized in anatomy and plant physiology. One wing of Gilbert-Addoms is dedicated to her.

Estelle Flowers Spears: A 1914 magna cum laude graduate of Trinity College, she served as the first woman trustee from 1952 until 1968.

Juanita Morris Kreps: Served as the last Dean of the Woman's College and was the first woman named a James B. Duke professor in 1972. Simultaneously, she became the first woman to sit on the Board of Directors of the New York Stock Exchange. In 1973 she became the first woman vice-president at the University, a post she held until 1977. That year, President Carter invited her to be the first woman Secretary of Commerce and the fourth woman ever to hold a cabinet position.



Elizabeth Dole

Anne Firor Scott: William K. Boyd professor of history and the first woman to chair the history department, she is also the first professor to have included women's scholarship in her teaching and research. The Women's Studies Theme Dorm is named in her honor.

Elizabeth Hanford Dole: Graduated from Duke in 1958 and served as Secretary of Transportation in the Reagan Administration. Dole also served as Secretary of Labor, and currently heads the American Red Cross.

Eleanor Smeal: Class of 1960, she is the former president of the National Organization of Women (NOW). She founded and is the president of the Fund for the Feminist Majority.

Anne Tyler: Received her degree in 1961. She is the author of numerous novels including *The Accidental Tourist* and *Breathing Lessons*, which won the 1989 Pulitzer Prize.

Ida Stephens Owens: Completed her Ph.D. in 1967. She became the first black woman to earn her degree at Duke and the first woman to receive a degree in Biochemistry and Physiology. She is recognized throughout the world for her work on drug detoxifying enzymes and the genetics of human diseases.

Mary Mitchell Harris: One of the first African-American undergraduate students to enter the University. She completed her degree in 1967 and currently works as a performance counselor in the Georgia Tech athletic program. She has published a textbook and owns her own company, Harris Learning Systems.

Judy Woodruff: Graduated in 1968. The founding chair of the Duke Council on Women's Studies, she is also chief Washington correspondent for *The MacNeil-Lehrer Report*.

Nancy Hogshead: Class of 1986. She won an Olympic Gold Medal in swimming in 1984 and is the youngest person to serve on the national board of the Women in Sports Foundation.

Janet Kay Nolting: Trinity '88, the first woman elected president of ASDU. Connie Percy, Trinity '91 was the second woman elected president, and Tonya Robinson, Trinity '92, was the third woman and only black woman ever elected President.

SOURCES

Duke University Archives, 341 Perkins.

"Duke and Women's Liberation" by Caroline Carlton John in the May 1970 Alumni Register.

Record of exhibit in Perkins Library, March 1989 "Women At Duke: A Look At Student Life 1874-1938".

"Trinity Faculty Women, 1930-1985".

Anne Firor Scott, "Duke Women: Visible and Invisible".

Developing the Coordinate College for Women at Duke University: The Career of Alice Mary Baldwin, 1924-1947, by Dianne Puthoff Brandstadter, 1977.

On Educating Women — The Co-Ordinate Ideal at Trinity and Duke University, by Dara DeHaven, 1973.

Melissa Hendrix and Jean O'Barr, "Portraits of Women Firsts," 1988.

Organizations and Programs

2

Before the merger of the Woman's College and Trinity in 1972, a strong network of support groups and dynamic organizations united the women of the university. When the Woman's College disbanded, this link was weakened and in many cases destroyed. Recently, women have begun rediscovering or recreating organizations to meet the needs in their lives that have been ignored or overlooked.

All of these organizations are changing and expanding to meet the growing needs of the women at Duke and in Durham. If any of these groups interest you, find out more about them and get involved. If you don't find what you want, then the organizations listed here are a starting point for creating what you need.

WHO SPEAKS OUT FOR WOMEN

The Women's Center

The Duke University Women's Center serves primarily undergraduate and graduate students. Established in July 1989, the Center provides advocacy, information, and programming in the areas of health, safety, and personal and professional development. In all of its programming, the center attempts to serve both women and men, to provide a multicultural emphasis, and to present all sides of issues.

In its inaugural year, the Center developed an integrated system of safety resources for women. The Center began a study of the genderized climate at Duke for students, staff, and faculty to inform the community about any attitudinal and structural barriers to equal education for women.

More recently the Center established a Student Programming Council which meets regularly to advise the director on gender issues in the community; a discussion group on women's spirituality, cosponsored by the Chapel; a Graduate and Professional Women's Network to serve as a support and discussion group for these women; and an annual Mentoring Lunch for undergraduate and graduate women to meet outstanding professional women in the community. The director of the center, Martha Simmons, is also the advisor for the Panhellenic Council, the governing body of sororities on campus. Holding both positions helps to promote the intracooperation of women's groups on campus as well as providing opportunities for leadership development.

The Duke Women's Center works closely with the Women's Studies Program and the Duke-UNC Center for Research on Women, as well as in cooperation with other departments on campus.



Martha Simmons, Director of the Women's Center

The Women's Center has recently moved to its permanent location in the Few Fed Lounge, facing the Allen Building. The Center is open during business hours and much programming also takes place after hours. Call 684-3897 or come by for further information on any or all of these activities.

Safe Haven

Safe Haven offers a safe place for women to go or call if their safety is being or has been threatened in any way. Emergency help is open to anyone who has experienced a rape or sexual assault. Crisis intervention following any incident related to safety is provided. Information is also available regarding violence within relationships. The phone line provides another way in which information may be given and referrals may be made about sexual assault, interpersonal violence, alco-

hol poisoning, etc. At Safe Haven you can call or wait for a ride in a safe environment. You may use the space merely to "clear your head" or if you need to "get your act together" during the keg scene.

Opening at 11p.m. and closing at 7 a.m., Safe Haven operates three nights each week: Thursdays, Fridays, and Saturdays. It is located in the Women's Center (which is in the Few Fed Lounge, across the Traffic circle from the Allen Building). The phone number is 684-3897.

Women's Center Advisory Board

The Women's Center Advisory Board consists of students, staff, and faculty. Meeting every other month and in an annual goal-setting retreat, the board advises the director on policy matters and evaluates the adherence of the Center's activities and emphasis to its goals and objectives.

The Women's Studies Program

Established in 1982, the interdisciplinary Women's Studies Program offers courses in nineteen departments by more than seventy faculty members, as well as lectures, films, conferences, ongoing study groups, and other co-curricular events. Because of their interdisciplinary nature, courses are not geared to follow the empirical and theoretical understandings of one specific area but to encourage new scholarship and the development of the ability to think critically across a spectrum of women's issues and gender questions.

The Program has been enormously valuable in the lives of the people who have become involved – those who have taken a few classes as well as those who are working towards the Women's Studies certificate. The courses provide an important way for women and men to learn more about themselves and the historical, sociological, and psychological forces that shape their lives. Courses are listed in a program brochure which is available from the Women's Studies office. For more information, stop by the office in 207 East Duke Building or call 684-5683 and speak with Vivian Robinson, the Program Coordinator.

Currently, 35 to 40 undergraduate and five to eight graduate



**Jean O'Barr, Director of the
Women's Studies Program**

level courses are offered each semester to students. During the 1991-92 academic year, over 60 students earned the Women's Studies certificate.

Requirements for the Women's Studies certificate include:

- WST 103, Introduction to Women's Studies, or
- WST 195S, Senior Seminar in Women's Studies (strongly recommended as a sixth course, and may be taken in lieu of WST 103, with the Director's permission);
- Three courses from the "On women" category
 - one course must be listed under Social Sciences
 - one course must be listed under Arts and Literature or Civilizations
- One course from the "Women in Relation to Culture and Society" category.

The best courses I have taken at Duke have been my Women's Studies classes. The quality of the teaching has been excellent; the professors really seem to care about the students, and about being good teachers. Women's Studies has given me a framework for the analysis of history, literature, and religion; it has taught me to think and write critically, to take nothing for granted. In addition, Women's Studies is intensely personal; in every class I learn more about myself and about our society. I would encourage everyone to take at least one Women's Studies class before he or she graduates — the courses are among the best offered at Duke.

Trinity '91

Anne Firor Scott House

The Anne Firor Scott House was established to increase the links between classroom and personal life. It provides residential living space for men and women who share an interest in women's issues and women's studies and want to live in an environment that encourages the exchange of such ideas. It is located in House YW, Craven Quad. The following is their statement of purpose:

We are the Anne Firor Scott House. We are a community of people who care deeply about each other and the world around us. We share an involvement in and commitment to women's issues, studies and rights—we run the gamut from awakening involvement to activist feminism, and we support all those in between.

As a community, we pledge our love to those within our circle, and extend that circle to any who will return our support and commitment. As a community we pledge to share our understanding of women's studies to

those around us: to those of Duke University, and wherever beyond its walls our voices can be heard. Within the University, we are further dedicated to bridging the gap between the classroom and our lives, through faculty interaction and personal exploration. We are a group of people who believe that learning and growing are ongoing processes which are integral aspects of daily life.

We are above all a place of love, hope, strength, life and vision. We are the Anne Firor Scott House.

Council on Women's Studies

In 1986, the Council on Women's Studies, a group consisting of alumnae, trustees, faculty, and women in the community was established. This group acts as a support group for the Women's Studies Program, and is important for the continued growth of Women's Studies on campus and in the larger community. Judy Woodruff, a Duke alumna and anchorwoman for *The MacNeil-Lehrer Report*, served as founding chair of the council; she was succeeded by Margaret Taylor Smith in 1988. The current chair is Ann Quattlebaum Curry of Atlanta.

STUDENT ORGANIZATIONS

ASDU requires student organizations to be non-discriminatory, offering equal participation to all students. Unfortunately, statistics for women in leadership positions at Duke, as well as at other colleges, do not reflect this policy. National data from private universities, public colleges, and universities show the inequalities. At private universities (including Duke), only 19 percent of student body presidents, 24 percent of executive council members, 33 percent of legislative assembly members, and 7 percent of finance chairs are women. Since the 1972 merger of Duke and Trinity, only three women have been elected ASDU president. More women must run for student government offices in order to balance the ratio.

The Women's Coalition

In a word, the Women's Coalition is a community. It is a group of women who realized a need to come together and fill a space that was missing in the Duke community. As with any new and open-minded group, the Women's Coalition is continually considering, defining and redefining this space. The following is their statement of purpose:

First of all, we want this group to be a diverse community of women. We wish for women to be comfortable in this group whether they are Independent or Greek, first year or senior, colored or white, lesbian /

bisexual or heterosexual, conservative or radical.

Secondly, we want to create a forum, both social and political, for discussing and working on gender issues. We would like to work towards education at both the personal and community levels through small group discussions amongst ourselves and through programs for the Duke and Durham community. We are questioning and trying to overcome the restrictive social stigmatism that oftentimes dictates behavior to women.

Lastly, we want an outlet for airing the frustrations which come up when we realize the injustices we are facing. We want to be able to take action against the oppression we feel, and we want to have those actions supported. Although everyone in the group may not agree on actions taken by others, we respect each other's right to act out in ways which may be different than our own. This support is vital to the existence of the coalition, and is the key to change in our society.

Current programs include Independent Life 202 and Duke Life 303, a "Take Back Night" march and rally, and a first-year outreach. The Women's Coalition is also trying to schedule social programs, such as pot-luck dinners and get-togethers like ice-skating or dancing. If you are interested in helping out with these programs or attending meetings and get-togethers, contact the Women's Center at 684-3897.

DARE (The Duke Acquaintance Rape Education Program)

In the fall of 1986, a group of students and administrators came together to establish a rape education program within the Duke community. The program's purpose is to decrease the incidence of acquaintance rape on campus. DARE accomplishes this goal by increasing public awareness and serving as a clearinghouse of information.

The group educates Resident Advisors about rape and prevention, conducts presentations and programs in first-year dorms, fraternities, and upperclass living groups, and trains new program facilitators. DARE facilitators learn facts and statistics on rape, how to support and help rape victims, and how to give presentations about stranger and acquaintance rape to student groups.

DARE has helped sponsor colloquiums on rape. Issues discussed include rape prevention, rape survival, pornography and its contribution to violence towards women, sexual assault, and harassment. DARE welcomes input, feedback, suggestions, and involvement. Please feel free to contact the program for more information through Ruby Thompkins at Public Safety, 684-2444.

DGLA (The Duke Gay-Lesbian Alliance)

The DGLA was formed to support and represent the lesbian, gay, and bisexual community at Duke and to provide opportunities for social interaction among Duke's lesbian, gay, and bisexual students, as well as with other students. The DGLA also seeks to broaden the awareness of affectional preference issues in the Duke community as a whole.

In the past, the DGLA has held panel discussions, workshops, film screenings, and guest speakers. The DGLA also sponsors Blue Jeans Days for lesbians and gay men, social events, and maintains an Information Hotline (684-3414) from 9 to 12 on Thursday evenings.

The DGLA office, located behind the Information Desk in the Bryan Center, has a library of books, periodicals, and pamphlets as well as listings of local and national resources and organizations. Membership is open to all Duke students regardless of affectional preference.

Students for Choice

Students for choice aims to preserve reproductive freedoms for all women. This involves working for unrestricted access to abortions, educating women about safer sex, and birth control, and discussing related issues, such as date rape. The group communicates the Choice message to the Duke community primarily by tabling with their newsletter and other information, by organizing voter registration drives, and by hosting leaders in the women's movement as speakers. Off-campus, some choice members escort patients past protestors at the Durham Women's Clinic. Students for Choice also works with NARAL-NC to further the national abortion rights movement, and they organized a group who traveled to the 1992 March for Women's Rights in Washington D.C.

Students for Life

This non-sectarian organization works for the advancement of the pro-life cause in three main areas: the community, the university, and the political realm. In the community, the organization works closely with Pregnancy Support Services (PSS), a counseling service for pregnant women. Their main focus each year is the "Have a Heart" campaign in February to raise donations of diapers, baby food, and canned goods for The Women's Shelter for Hope, The Genesis Hope, and PSS.

At the university level, the organization strives to educate the Duke community about abortion issues from the right-to-life perspective and to provide a link between women who decide to carry their children to term and organizations in Durham which can provide them financial and emotional support.

In the political realm, the group has worked in the past to sup-

port political campaigns of pro-life candidates. The organization has worked also to attend both national and state-wide marches, and participate in the Durham Pro-life Chain. Anyone interested or with questions, feel free to call Kara Reed.

SWE (Society of Women Engineers)

The Society of Women Engineers, a student branch of the national SWE organization, is open to both female and male engineering students. Its purposes include supporting and encouraging women in the predominantly male fields of engineering and serving as a center of information on women in engineering. SWE also has a test file set up for members' use.

Nationally, SWE offers about 38 scholarships - ranging from \$500 to \$2500 annually -- to women majoring in engineering. Scholarship information and applications can be obtained from the SWE office (in the downstairs lobby of Teer Engineering Library) or from national headquarters (Society of Women Engineers, 345 E. 47th St., New York, NY, 10017 - send a self-addressed, stamped envelope).

WOMEN IN THE ARTS

Duke provides very few organizations specifically for women interested in the arts. The Duke Dance Program generally has a predominance of women members, but with the exception of the all female singing groups *Lady Blue* and *Out of the Blue*, very little else can be found. The Women's Studies Program offers courses devoted to women artists and writers, and in the past house courses about women's publications and women in publishing have been offered. The Durham YWCA has sponsored the International Women's Art Festival in the past, and there are other sources in Durham for women interested in the arts. Women should take the initiative to work with the Institute of the Arts, the Craft Center, and the Duke University Museum of Art to promote women's art and creativity in the multiple and varied forms it can take.

Out of the Blue

Out of the Blue is one of Duke's all-women a capella singing groups, and it is about to enter its eleventh year of existence. Since the group is exclusively female, it is considered discriminatory under Duke policy and does not receive funding from the University.

The group averages two performances per week, ranging from tailgate parties to basketball games to performances for living groups, fraternities and sororities. Their repertoire includes a wide variety of popular music, original compositions, and non-musical entertainment. Since *Out of the Blue* is considered a non-profit organization, all of the money they receive is used for touring or producing cassettes. *Out of the Blue* is open to anyone interested in auditioning; contact the group's president for more information.

Lady Blue

Founded in September 1991, Lady Blue is the second all female a capella group on campus. Since the group is exclusively female, it is considered discriminatory under Duke policy and does not receive funding from the University.

In *Sunday Up the River*, James Thomson wrote:

*Singing is sweet, but be sure of this,
Lips only sing when they cannot kiss.*

I suppose it is a little difficult to sing while one is kissing, and visa versa. But, a lot of times, the two seem to go hand in hand. I mean, the overwhelming majority of music, at least popular music, is about romantic love and the S Word. A large percentage after that is either about filial or divine love.

So why all the skepticism over mushy music? All a cappella music is certainly not sexy. We were really excited when, as we handed out pieces at our first meeting as a full group, one of our members said she liked that all of our music was so 'Woman.'

As a new group, we are exploring the directions in which our repertoire will go. As one of the founding members, I feel that we have come a long way, but I am excited when I look forward to where we still have to go. Not that we've had an easy time. It's a tall order to be born on this campus resplendent with some amazing a cappella. We've had high standards to achieve as the fourth group on campus, after the Pitchforks, Out of the Blue, and Speak of the Devil.

We joined the a cappella community because we wanted to create another avenue for vocal expression for women. We have a unique sound. We love being a group of women united in voice, and of active individuals who bring to the group a part of ourselves and help shape what will be Lady Blue for years to come.

Angela Gore
Music Director
Trinity '94

WOMEN IN SPORTS

Duke athletics offer a variety of opportunities for women, from the more recreational Co-Rec program (co-educational activities arranged through living groups) to the more competitive varsity sports, which require a try-out to participate. For more information about varsity sports contact Lorraine Woodyard, Assistant Director of Athletics, at either 684-2699 or 684-2120.

Varsity sports for women are allocated roughly \$1,000,000 annually for their budget, which is comparable to the men's varsity sports budget of roughly \$1,025,000. This figure does not include the figures for varsity men's football or basketball, since, as major sources of revenue for the University, they are allocated proportionately more.

There has been some debate in recent years over certain men's sports gaining varsity status, and therefore varsity funding, without the corresponding women's sports following suit. However, there seems to be more of a move towards granting equal status to both men's and women's teams, as in the case of women's soccer, which completed its first varsity season in 1988.

The bond that is shared by the members of the team is one that is based on loyalty, dedication, unity, and commitment. The time that we spend together pushing each other to excel athletically, supporting one another's accomplishments and being there to comfort in times of defeat is something that grows from being on a team. We are willing to make sacrifices for the benefit of the team which draws us closer together. It has been a great experience. The lasting friendships which have been formed will influence us for the rest of our lives.

Trinity '95

It's hard for me to characterize my three years' experience as a varsity athlete at Duke. My involvement in Duke sports has introduced me to some of the best friendships I have ever had. Together with my teammates, I have had opportunities to travel to exciting places, to participate in major national athletic events - even to be on national TV! - proudly representing Duke and my team with every appearance.

Yet while the thrill of college athletics is an experience I would never trade, and one on which I will look back fondly for years to come, my disappointment with the Duke Athletic Department has often led me to assess the less favorable prices I have had to pay for my varsity letter.

My academic experience at Duke has always encouraged my assertiveness and independence, reinforcing ideals of merit-based achievement and gender-blind reward. My athletic experience, however, was



starkly contrasted in the direction of its message. Over the past three years I have come to understand that my ability and effort as an athlete figure less importantly in my esteem by the athletic department than do my deference and subordination to their patronizing views. I have witnessed a strikingly male-dominated athletic organization in which female athletes are "girls" and male athletes are "men," in which sports are not a healthy pastime but a professional revenue game, and in which non-revenue athletes - "girls," especially - are instructed to feel "lucky" for the subordinate treatment which they receive. The congenial disrespect with which I have been addressed has raised my awareness to a brand of gender-bias which I had hoped not to encounter in the supposedly enlightened atmosphere of a major university.

I reiterate, I would never forfeit my experience as an athlete at Duke. I know I will miss it when it is over. But turning in my uniform will not be my only regret.

Deep down, I know I'll always want to go back to the athletic department one more time, so that when our esteemed athletic director pats me on the head, or attempts to deliver an unwanted hug, I can give him a response he really deserves.

Trinity '92

Scholarships

Women's athletic scholarships total 45 for the 1991 - 1992 academic year at \$21,140 each (full tuition) - \$951,300 total. They are available in the following areas: basketball (12), golf (6), field hockey (6), soccer (6), tennis (7), volleyball (9). Coaches may break down the funds as they see fit.

Athletes must first demonstrate ability and be accepted into Duke before they are eligible for a scholarship. Potential student athletes are identified at events similar to Junior Olympic meets by college scouts and a network of coaches and scouts across the country. For more information, contact Lorraine Woodyard, Assistant Director of Athletics, at either 684-2699, or 684-2120.

Dancing Devils

The Dancing Devils, Duke's dance/drill team, formed in 1986. The squad is affiliated with the DUAA marching band, and is a member of the Sports Club Council, yet it is a totally student run organization. The squad performs at half-time at all home football games and some away games. It also performs pre-game or half-time shows at most of the men's and some of the women's home basketball games.

The squad is open to all undergraduate women, and generally ranges in size from 16-22 members. Open tryouts are held in September for football season and in December for basketball season. For more information, contact Robbie Williams in the Sports Club Office at 684-3156, or 684-6624.



Dancing Devils is one of the few groups on campus that remains diverse without quotas. We come from all shades of campus life with one thing in common - our love of dance and performance. We start each season as strangers, and we end as close friends. Dancing Devils was a close connection for me as a Freshman because it was the only chance I had to meet upperclass women when I first came to Duke. Performing here is a wonderful thing, and Dancing Devils is a great way to do it.

*Julie Goodman
Trinity '94*

Duke Cheerleading

The Duke Cheerleaders are considered varsity athletes by the Duke University Athletic Association (DUAA). Although they do not have scholarships, they earn varsity letters and are funded by DUAA. Cheerleaders perform at sporting events throughout the school year, including all football games, men's home and in-state ACC basketball games, women's ACC home basketball games, both ACC tournaments and the men's NCAA tournament.

Due to a rash of serious injuries across the nation resulting from cheerleading accidents, the athletic administration banned all gymnastics and stunting in 1987. At that time the cheerleaders converted from a coed team to a twelve-woman squad which emphasizes dance and cheering ability. The squad selects a captain and an assistant captain who are responsible for practices and choreography since cheerleading is the only varsity sport at Duke without a coach. Their advisor is Dr. Stephanie Pinder. Tryouts are held in the spring following the men's NCAA basketball tournament, and are open to everyone. All returning squad members are required to try out each year. For more information, call the athletic department at 684-2120.

WOMEN ON THE FACULTY

Faculty

Women on the Duke faculty face the same issues that confront women in all segments of society today. These needs are answered in several different ways. There is a Faculty Women's Network which is an advocacy group for women's policy concerns such as parental leave, sexual harassment, and sexual equality in recruitment and hiring. The Women's Studies department sponsors various other support groups. Also, the Academic Council's committee on Women on the Faculty exists to address women's issues and reports annually to the Academic Council, recommending action to be taken in the University community.

Some statistics about women professors at Duke have recently been compiled. They show that Duke is behind the national average in the number of faculty women, but that trends are improving. As of September 1, 1991, there were 299 women faculty members on the tenure track at either the University or at the Medical Center. There are 79 such women in the Arts and Sciences faculty, 6 in the Divinity School, 3 in the School of Engineering, 1 in the School of Environmental Science, 13 in the Fuqua School of business, 6 at the Law School, 173 at the Medical School, and 8 in the Nursing Program. The 9 remaining women are employed through other departments. (Note: These numbers do not include the 99 tenured women on the faculty, or the female faculty members not on the tenured track.)

Center For Research on Women (CROW)

The Center for Research on Women (CROW) is a joint Duke-UNC Chapel Hill organization devoted to promoting research on women in the South with a particular focus on race, class, and gender. The organiza-

tion publishes a newsletter, *Branches*, twice a year and sponsors several postdoctoral fellowships for scholars in women's studies interested in race, class, and gender. For more information on CROW stop by the office in 210A East Duke Building or call 684-6641.

DURHAM RESOURCES FOR WOMEN

Books, Art, and Music

- Carolina Wren Press/Lollipop Power (non-sexist materials for children): 120 Morris Street, Durham, NC 27701; 560-2738
- Internationalist Books: 408 West Rosemary Street, Chapel Hill, NC
- Lady Slipper Music, Inc: 602 West Chapel Hill Street, Durham, NC 27701; 683-1570
- Southern Sisters, Inc.: 411 Morris Street, Durham, NC 27701; 682-0739
- Women's Book Exchange: Orange County Women's Center

Business

- Business and Professional Women: P.O. Box 51873, Durham, NC 27717; 549-2117
- NC National Association of Women Business Owners — Triangle Chapter: 4205 Pleasant Valley Road, Suite 292, Raleigh 27612; 782-0183
- Women in Communications, Inc., CP & L: P.O. Box 1551, 19B1, Raleigh, NC 27602. Raleigh; 546-6147/Chapel Hill; 966-3036
- Women in Management: 862 Brightleaf Square, No. 9, 905 West Main Street, Durham, NC 27701

Women's Centers/Commissions

- Duke University Women's Center 684-3897
- Durham County Women's Commission: P.O. Box 25407, Durham, NC 27702; 286-5123
- NC Council of the Status of Women: 526 N. Wilmington Street, Raleigh, NC 27604-1199; 733-2455
- Orange County Women's Center: 210 Henderson Street, Chapel Hill, NC 27514; 968-4610
- Orange County Commission for Women: 110 N. Churtin Street, Hillsborough, NC 27278/Chapel Hill; 967-9251/Hillsborough; 742-8131
- Women's Center of Raleigh: 315 East Jones Street, Raleigh, NC 27601; 755-6840

Health

- Anorexia Nervosa and Bulimia Support Group 684-3073 or 489-2202
- Breast Cancer Support Group (Chapel Hill) 942-6772
- Eating Disorders Clinic, NC Memorial Hospital: Chapel Hill, NC 27514; 966-2167
- Lesbian and Gay Health Project: P.O. Box 11013, Durham, NC 27703; 286-4107
- MELD, a group for first time parents, (Raleigh) 250-8155
- Parents without Partners 933-0191 or 471-0143
- Planned Parenthood of Orange County: 93 S. Elliot Road. Kroger Plaza, Chapel Hill, NC 27514; 942-7762
- Planned Parenthood of Greater Raleigh: Suite 233, Bryan Building, Cameron Village, Raleigh, NC 27605; Clinic: 833-7526/Adm: 833-7534
- Women's Health Resources: 406 West Rosemary Street, Chapel Hill, NC 27516; 968-4646

Homosexuality

- Androgyny Center (Raleigh) 848-0500
- Integrity-Triangle Chapter 929-9191
- Lesbian and Gay Health Project 286-4107
- Triangle Area Lesbian Feminists: P. O. Box 2272, Durham, NC 27702; 682-6374
- Triangle Chapter of Parents & Friends of Gays & Lesbians (Raleigh) 781-7635

Legal

- League of Women Voters: 222 First Union Bank Building, Durham, NC 688-1920, Raleigh; 856-1983, Chapel Hill/Carrboro; 942-3004
- North Central Legal Assistance Program: 301 West Main, Durham, NC 27701; 688-6396
- NC Center for Laws Affecting Women, NCC-Law: 1111 Brookstown Avenue, Winston-Salem, NC 27101; 722-0098
- NC Equity/Women's Legal Assistance: 302 Jefferson Street, Suite 200, Raleigh, NC 27605; 833-4055; 1-800-451-8065
- NC Women's Legislative Agenda: P.O. Box 28317, 17 Glenwood Avenue, Raleigh, NC 27611; 832-0618
- North Carolina Women's Political Caucus: 13 Frances Street, Chapel Hill, NC 27514; 942-4880

National Organization for Women (NOW)

- NOW-NC: 204 N. Person Street, Room 202 Raleigh, NC 27601
- Chapel Hill NOW: 5211 Carmine Court, Chapel Hill, NC 27514
- Durham NOW: 471-6997 or 528-3110
- Raleigh NOW: 2702 Vanderbilt Avenue, Raleigh, NC 27607; 832-3660

Violence Against Women

- Coalition for Battered Women 489-1955 or 683-8628
- Family Violence/Rape Crisis — Volunteers in Chatham County, P.O. Box 1105, Pittsboro, NC 27312; 742-5612, 542-4422
- Interact, Inc. (Domestic Violence and Rape Crisis Services): P.O. Box 11096, Raleigh 27604; Crisis Line: 375-6815
- NC Coalition Against Sexual Assault: P.O. Box 5960, Winston-Salem, NC 27113-5960
- Orange County Rape Crisis Center: 406 West Rosemary Street, Chapel Hill, NC 27514; 1-967-RAPE
- Rape Crisis of Durham: 714 Ninth Street, Suite 201, Durham, NC 27705; Office — 286-4546, Crisis-Call Helpline 286-4000 or 683-8628
- Women in Action (for the prevention of violence and its causes): 112 North Queen Street, Box F, Durham, NC 27701; 682-1431; 682-5260
- Women's Shelter for H.O.P.E.: 412 Liberty Street, Durham, NC 27701; 688-5539

More Resources

- American Association of University Women: 489-9426, 542-4432
- Chapel Hill Service League: P.O. Box 3003, Chapel Hill, NC 27514; 942-2855
- Duke-UNC Center for Research on Women: 210A East Duke Building, Durham, NC 27710; 684-6641
- Durham Human Relations Commission: 101 City Hall Plaza, 4th Floor, Durham, NC 27701; 560-4107
- Durham YWCA: 1821 Chapel Hill Rd, Durham, NC 27707; 688-4396
- NARAL (National Abortion Rights Action League): 316 S. Gregson, Office 1, Durham, NC 27707; 687-4959
- Our Own Place, Inc., a group of women seeking to form a community center for social activities in the Triangle: 1411 Watts St., Durham, NC 27701; 688-0223
- Pornography Awareness: P.O. Box 2728, Chapel Hill, NC

27514; 967-5168

- Social Services Dept. 683-3500
- Triangle Women's Martial Arts Center, 715 N. Mangum Street, Durham, NC 27701; 682-7262
- Triangle Women's Network, Hill House, 900 South Duke Street, Durham, NC 27707; 682-0449
- Women in Community Service 489-2593
- Women's International League for Peace and Freedom, Durham/Chapel Hill Chapter: P.O. Box 762, Chapel Hill, NC 27514

Hotlines

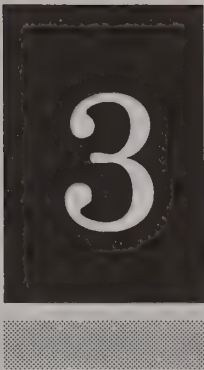
- AIDS Hotline 1-800-342-AIDS
- Battered Women's Assistance (Raleigh) 755-6815, others call HELPLINE
- Bulimia/Anorexia Hotline 1-800-227-4785
- Child Abuse and Neglect (Raleigh) 755-6815, others call HELPLINE 683-8628
- Child Abuse Hotline 1-800-422-4453
- Durham Day Care Council 688-9550 or 688-8661
- HELPLINE: Durham; 683-8628/Chapel Hill; 929-0479/Hillsborough; 732-2796
- NC Lawyer Referral Service 1-800-662-7660
- Rape Crisis: Durham; 286-4000/Chapel Hill; 967-RAPE/Raleigh; 755-6661/Hillsborough; 732-2796

Newsletters of events in the Durham area

- Southern Sisters Bookstore publishes a calendar of events. Call at 682-0739.
- NARAL-NC publishes a quarterly newsletter of special events in this area and updates on abortion legislation. Call 687-4959.
- Women's Studies Around the Triangle is a monthly newsletter published by the Duke Women's Studies Program. It provides a calendar of events related to Women's Studies Program in Durham, Raleigh, and Chapel Hill.
- The Newsletter, published by TALF (Triangle Area Lesbian Feminists), is a monthly community calendar. Write to them at P.O. Box 2272, Durham, NC 27702 or call 682-6374.

NOTE: The information concerning organizations in this chapter was obtained from representatives of the individual groups.

Community and Identity

3

Because we live in a gendered society, all Duke women share some common experiences and frustrations. Identifying with other women fosters individual growth and creates a supportive community to overcome certain common obstacles. But while this Handbook is dedicated to the celebrations of women and their experiences at Duke, no one definition or description can adequately encompass the impressions of every individual woman.

This chapter explores some of the avenues through which the diverse women at this University seek identification and support – cultural and ethnic organizations, sororities, living groups, and social outlets. The commonality of women's experiences within these distinct subdivisions is stressed, but this is not meant to overlook the uniqueness of each of our lives and lifestyles.

WOMEN OF COLOR

24.6 percent of the 1992 first-year class is comprised of minority students. This is up from twelve percent during the 1989-90 school year. These percentages include both men and women and encompass a variety of ethnicities—9.7 percent of students in this year's incoming class are African-American, 8.9 percent are Asian, 5.4 percent are Hispanic, and 0.6 percent are Native American. The increasing ethnic diversity demonstrates that the University is moving toward a more accurate reflection of the nation's population, but this trend needs to continue for women of color to be represented fully on campus.

The limited number of minority students at Duke often makes it difficult for women to interact with their ethnic, racial, or cultural sisters. However, some distinct ethnic communities have emerged at Duke to

promote awareness of different cultures and to provide a support network for individuals who identify with a specific cultural group. Examples of some on-campus cultural groups are the Black Student Alliance (BSA), the Asian Student Alliance (ASA), the Spanish American Latin Student Alliance (SALSA), Duke India Association (DIA), Hillel, Native American Student Association (NASA), and Spectrum.

Informal communities are also strong. For example, the handful of Vietnamese students at Duke, who gather often on a completely informal basis, constitute a small, close-knit community. Occupying only 8% of the student body, the black community also maintains its distinct culture, providing a social identity as well as a supportive network for black women at Duke.

Like all relationships, interracial friendships flourish on a one-to-one basis. But while few Duke students would be guilty of consciously choosing their friends according to skin color or ethnic origin, there is an inherent lack of interaction between the white and minority communities on this campus. This alienation often stems from a basic ignorance of other cultures, which can result in a lack of communication. Some women of color find that a degree of separation is necessary in order to maintain their identity as a such in a society geared towards whites.

Recently, cultural and ethnic groups on campus have become more aware of some of the unique issues surrounding gender relations within minority groups. Clearly, while all minority students encounter prejudice and discrimination even today, minority women are burdened with a sort of "double jeopardy" – sexism as well as racism. Because additional prejudice often comes from the male members of the group, interacting and identifying with cultural and ethnic sisters is even more crucial for minority women.

SUMMER IN ST. LOUIS, 1978

We three on the elevator.

I anxious to get back to the icy blue pool water,

Irritated because I had to return for my swim cap.

I stand, peering anxiously as the numbers light up
to announce our arrival on each floor.

Somewhere between 4th and 3rd floors

the little girl being held in her Daddy's arms

looks in my direction,

Her head is overwhelmed with the blond curls,

I return a smile.

I was smiling
When she asked her Daddy,
“What’s that?”
I looked around hoping to find
something unrecognizable
to an inquisitive three-year old, but there was only me.

It didn’t take more than a second for my heart to sink
into the pit of my stomach,
fighting for my breakfast for space
Took only an instant
for the guilty tears to sting my seven-year old eyes.

By the 2nd floor she had asked again;
innocently, sweetly.
Her daddy, who had hoped
that the question would disappear was forced
to respond in his Paine Webber voice,
“She’s a little girl ...like you
Then he smiled at me
I couldn’t smile back.

1st floor and we three are all out.
I saw her at the pool and I prayed
She might drown
and take my shame with her.
I didn’t tell my mother
because I didn’t want to hurt her
by informing her that her “beautiful baby”
was suddenly black and ugly to the point of non-recognition.

When we reminisce about that summer in St. Louis
My little brother remembers the Gateway Arch.
My sister remembers the thick, bloody brown water of the Mississippi
and my mother remembers the “so hot I could barely breathe”
weather.
But all I can remember is the little blond girl
sitting seraphically in her Daddy’s arms,
wondering if he was telling her the truth when he said “...like you”
and the longest elevator ride of my life.

Cinnamon Bradley
Trinity ‘92

We let a lot of things divide us that shouldn't, and they waste a lot of time. Black students at Black schools are usually more comfortable with who they are, while at a school like Duke there's a lot of pressure to fit in and conform. This leads to confusion which causes all our internal divisions. Often we're very competitive with each other and not so supportive. This may be indicative of the attitude of the entire student body, but there is a greater need for the Black community to support each other.

*Michelle Beaty
Trinity '92*

INTERNATIONAL STUDENTS

Newcomers to the United States may undergo radical adjustments in order to live in their new environment. A new language and lifestyle are bound to cause some degree of culture shock in everyone. This may be especially difficult for visiting female students, who comprise only 27 percent of the University's 621 undergraduate and graduate international students.

Adjusting to American culture can be particularly difficult for women whose native cultures are traditionally more restrictive to females. In the words of one international student, "There is a big difference between American women and [Indian] women. American women explore themselves more ... take risks more."

Cultural ideology can also be different; many other cultures have a more conservative value system than America's, and women's roles differ in each of these cultures. In some countries, women see the family as the center of their lives and treat it as their number one priority, while Americans (men as well as women) tend to have a "me first" attitude. It can be hard for women to synthesize these two different mindsets in their life in America.

Living off campus is often one of the most difficult adjustments for international women, many of whom have never lived alone before. This new-found independence can be both exciting and frightening and may lead to an experience that is quite distinct from the "male experience."

Hong Tan is an international student at Duke earning her Ph.D. in Cultural Anthropology, with a special interest in East Asia. In a film she helped make entitled "F2/J2," Tan details the special problems experienced by the wives of male Chinese students. In most cases, Chinese men come to the United States as students, and women come as their spouses. These women often enjoyed a great deal of independence back home, but giving up their professions and putting off their careers in the interest of their families results in restricting much of that independence. And, of course, the language barrier further complicates life in their new home.

The International House provides many services to ease the difficulties of transition for Duke's foreign students. In addition to informal social and cultural events, the International House establishes host families for each student.

With their unique backgrounds and perspectives, international women have a great deal to share with other students at Duke. The exchange of individual perspectives and ideas makes up a large part of one's education, and the sharing that occurs outside the classroom is sometimes the most meaningful. By working, talking, and helping each other, both American women and international women can educate each other.

SORORITIES

The sororities are women's groups with powerful voices on campus. Twelve national sororities have chapters at Duke, offering another outlet for support and identification for women of all cultures and ethnicities. Selective membership is extended to approximately 35% of the University's female population, thus forming the largest network of women's organizations on campus.

Two sororities hold rush in the fall and the remaining ten conduct rush in the spring. All sororities must abide by rules and regulations formulated by the Panhellenic Council, which consists of an executive board of seven elected officers and one representative from each sorority on campus. Panhel is the governing body which coordinates University sororities and promotes their activities.



Sororities promote service in the school and community, foster sisterhood, provide opportunities for leadership, and create a social outlet. For some women, the sorority may be the largest time commitment in their lives. For others, attending weekly meetings and several parties during the semester is enough. In addition, the lack of sorority houses or sections at Duke enables sorority women to interact more freely with independents and other Greeks. The option for housing is brought up by Panhellenic nearly every year, but the sororities continuously vote it down to retain their residential freedom. The Panhellenic Council is, however, considering several options for establishing a central space for sororities to hold meetings, conduct rush, and store sorority property. 1992 Rush Chair Gerry Rogers explained that now, sororities must use dorm commons rooms for

rush and sister events, and they must hold their meetings in empty classrooms. They are working toward a solution to the space problem, and one possible option is acquiring a Central Campus apartment with sections for each sorority.

Fall Rush

Two member organizations of the Panhellenic Council that differ from the majority of the other groups are the sororities Alpha Kappa Alpha and Delta Sigma Theta. Although the groups are not race-restrictive, they target African-American collegiate women for their membership.

The groups have similar goals, which the AKAs express as "Sisterhood and Service." Both groups have strong ties to the Durham community, as well as the extended network of chapters in the Triangle area. They are also affiliated with their national organizations, which extend to the international arena. One sister said that you can find Deltas anywhere. "They are at N.C. State, at UNC (Chapel Hill), in Jamaica and Nigeria, ... everywhere!" The extended community is one of the reasons that many women pledge the sororities.

The most obvious difference between these groups and the other sororities on campus is the member selection process. Instead of participating in the formal rush system that other campus sororities organize, the AKAs and Deltas have a separate system for finding new members. First, they hold general meetings. Then women must go through a more formal process, involving interviews and a written application. Good academic qualifications are important. The Deltas, for example, require their pledges to have sophomore standing and a minimum G.P.A. of 2.5.

They participate in the social functions and the long and short term service projects of the group. Both the AKAs and the Deltas have programs through which they try to reach the underprivileged youths of the community – the AKAs through a mentor program and weekly tutoring and the Deltas through a big sister/little sister contact. Both groups have worked with off-campus organizations or individual projects which range from organizing birthday parties at the local rest home to raising funds for the NAACP. Although political activity is not their primary objective, they have held voter registration drives and lobbied against apartheid.

Some of the more social activities include career days for teenagers, and socials for incoming students. The step shows are probably the highlight of the Black Greek social scene. Members of the various chapters of both sororities and fraternities meet and informally compete by "strutting their stuff." The step shows are only an expression of good-natured competition between the groups. Most feel that the black community at Duke is too small to be divided further by harmful rivalries.

Delta Sigma Theta and Alpha Kappa Alpha are the only social organizations on this campus that cater specifically to black women.

Spring Rush

The other ten sororities hold their formal rush in the spring. All women who sign up for rush are assigned a rush counselor (a junior or a senior who is not participating in formal rush functions) and a rush schedule. Spring rush consists of a series of parties over a span of about one and a half weeks.

Rush is a process of mutual selection by both the sororities and the rushees. Each rushee visits every sorority twice before the prospective members and sororities begin to narrow down their choices.

Several changes were recently made in the rush process. In the past, rush took up a great deal of time during the stressful first few weeks of the semester. This year, however, changes were made to allow the rush process to begin a few days before classes start so that it conflicts less with academics. In addition, sororities must now make bigger cuts earlier in rush so that fewer women will be left at the end of rush with no bid. In fact, 1992 Rush Chair Gerry Rogers reported that there were only five women who completed rush who did not receive a bid, whereas in 1991 there were approximately 50 women who did not receive bids. The reforms work toward increasing communication between rushees and sororities so that the process of selection will, on both sides, work more smoothly. Also, some sororities who find that they have openings in the fall conduct an informal fall rush for sophomore or junior women.

This system of rush, which is different from that of most universities, is perhaps the most controversial aspect of sorority life at Duke. Outsiders as well as dedicated sisters will agree that the process is exhausting and flawed. On the other hand, many sisters maintain that the rush process is not as superficial and cutthroat as critics often claim.

Rush will probably always draw controversy, however. As one first-year dorm R.A. remarked, "I've seen all sides of rush—I've seen people really happy about being accepted in a group that they like, but I've also seen the results of being cut. It's hard not to take it personally, even if you only talked to the group for twenty minutes."

I rushed as a sophomore and loved it. I felt like I met a lot of people—rush is one of the best ways for women to meet other women at Duke. I'm glad I did it then, although my sorority is not as important to me now because I have so many other things I want to be doing.

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When I went through rush, it was a nightmare. Everyone acted polite and interested on the outside, but when they made their cuts you knew that it was just a facade. I got sick—everyone gets sick during rush—and it was one of the most stressful, demeaning and wasted weeks of my life.

Trinity '92



Panhellenic organizes several events in the fall to introduce first year women to sorority life. Outreach Day is an opportunity for first-year women to interact with both Greek and independent upperclasswomen in conjunction with community service projects. The first such event was held last year in conjunction with the Women's Center, and it was a great success. Additionally, an information series of panel speakers and discussions (Sorority Life 101, Independent Life 202, and Duke Life 303), and Panhellenic dinners are planned.

To find out more about Duke sororities and the rush process, call Panhel at 684-8629 or drop by their office in the Alumni Lounge, 105 West Union.

One other aspect of Greek life for women should be mentioned. Many fraternities at Duke still have formal or informal "little sister" programs in which certain women are linked with the fraternity through social events. Most national fraternities do not officially condone these groups, and some have come under harsh criticism for their blatantly sexist or harmful activities.

INDEPENDENTS

Sixty percent of Duke women are not in sororities. Some of these women may have participated in rush but dropped out before signing a bid card, some may not have been selected by the sorority of their choice, and

some may have deactivated (relinquished membership) from their sororities. But for the most part, independents are women who never considered going through rush or joining a sorority, and these women may resent being defined by the Greek system at all. They do not see themselves as women not in a sorority, but as women with a variety of interests and talents that fulfill their college careers.

With or without these labels, being an independent has its advantages and disadvantages on this campus. The *Duke Women's Handbook* conducted an informal survey that asked independent women what some of the best and worst aspects of being independent were, why they did not join a sorority, and how they felt their "independence" had affected their friendships with other women at Duke. Some common themes emerged:

- Most surveyed said they could find a variety of friends by avoiding the "cliques" of sororities, or that they did not need structured sorority functions to meet people and have fun. Many said they did not want to be part of an institution which serves as a mechanism for easy stereotyping.
- The best aspect of being independent was generally seen as having more time and complete control over one's social life. Avoiding stereotypes and saving money were also mentioned. Many women said the best aspect of being independent was not having to go through rush.
- The worst aspects of being independent were varied. Generally, it is harder for independent women to find friendship-making activities at Duke. Dorms can play a central part in this, but since some of the women in upperclass dorms are in sororities, dorms may lack cohesiveness. Other women said the exclusion of independents from mixers, formals, and other social functions was the worst aspect. However, quite a few answered that they found no problems with being independent.
- Many independents said they felt they had developed deeper friendships with women than if they had been in a sorority.

I feel independent from everyone because I can't be stereotyped.

Alicia Sutherland
Trinity '93

It is not easy to find a community of people you really want to devote your energy to. But the advantage of being an independent is that you can create your own unique lifestyle, your own diverse set of friends and acquaintances, many of whom you might not have ever met if you were always busy with a sorority. And not taking the quick and easy way to friendship means that the ones you do cultivate become especially meaningful.

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HOUSING ON CAMPUS

An analysis of housing at Duke provides insight into how women and men relate to each other on campus. The Office of Residential Life tries to evenly distribute men and women between East and West campuses. According to data provided by the office on the upperclass students residing in dormitories, 66 percent of both male and female students live on West Campus while the remaining 13 percent live on East, and 21 percent live on Central Campus. The ratio of 45 percent women to 55 percent men in the Duke upperclass student body is maintained on all three campuses.

From this data, it may seem that the housing situation at Duke is neutral with regard to the sexes, but this is not so in reality. This is because of the Greek system at the University. Duke fraternity members live in their own sections of university dormitories, while both sorority and independent women live separately in co-ed or single-sex dormitories, Central Campus apartments, or off-campus houses and apartments. Every few years, representatives from the Greek organizations decide whether or not they wish to live in sections. Nearly every fraternity has requested exclusive living space, which is often carved out of formerly independent dormitories. But sororities have repeatedly said no to this option. As Jean O'Barr, professor of political science and director of Women's Studies, remarked, while men and women live together during their first year at Duke, "by sophomore year half of the men enter into fraternity housing and women become migrants."

Sue Wasiolek, Dean for Student Life, noted that "women lose the most in the housing situation. Residence halls suffer from the divided loyalty of women between their sorority and their dormitory."

Men, on the other hand, either live in fraternity sections or in alternate housing where they are not intermixed with the Greeks. Because fraternity sections have become fixtures on campus, social life at Duke tends to revolve around the Greek system. Fraternities hold "kegs" on Thursdays, Fridays and Saturdays. O'Barr believes that fraternity life tends to encourage rather than discourage excessive drinking and the occurrence of acquaintance rape. In fact, a study performed by visiting professor David Lisak showed that acquaintance rape happens four times more frequently in fraternities than in independent living groups.

The housing decisions made by Greek organizations deprive many students of a coeducational living experience. As a result, many feel that the current system limits truly productive interaction between the sexes and creates an unhealthy sexual environment. For further discussion of these issues, see the gender relations section at the end of the Handbook.

The Women's Studies Dorm

The Women's Studies Dorm began in the 1988-89 school year. It is named the Anne Firor Scott House after noted Southern historian Anne Scott, William K. Boyd professor of history and the first professor at Duke to introduce Women's Studies to her curriculum. Thirteen students live in the dorm, and student interest and interaction has grown rapidly in the past four years. The dorm's small size contributes to the community-building process. The group, which includes women and men, hopes to increase awareness of gender issues and to provide a new academic and social focus at Duke.

The Scott House is the only true community for women on this campus. I call it a community rather than a dorm because it is a selective theme house; and even though it is coed, I say it is for women because it exists for the purpose of exploring women's issues and how they shape all of our lives. Both men and women have benefitted from the discussions that have taken place both formally and informally on campus due to the members of the Scott House. For those interested in Women's Studies, the house is a way to really live what we learn in our Women's Studies classes.

In my two years in the house, I got to know an incredible community of men and women who support each other and learn from each other. Living in such a community has made me a stronger woman and a stronger feminist. It has been my most rewarding – and educational – experience at Duke.

*Leigh Dyer
Trinity '92*

ROLE MODELS

For some individuals, finding a role model is crucial for inspiration and personal development. For others, it may be a minor consideration. Our parents often provide support and by their actions show us how we will react to various life situations. As students, we look to our role models for direction in becoming well-developed people and successful adults. We can look for leadership in the form of our hallmates, R.A.s, the students we come in contact with through extracurricular activities, faculty, and administrators.

Advisors are usually the first faculty members with whom students have the chance to form a personal relationship. Often students are unsatisfied with the advisors assigned by the Pre-Major Center because they are assigned on the basis of very limited information about students. Students should not be discouraged by this; they will have many more opportunities to get to know faculty members through seminars or independent study courses in the next few years.

While many professors can be difficult to get to know because of their involvement in publishing, research or administrative duties, students can help solve this by taking an active part in the student-professor relationship.

This could mean doing no more than having a one-on-one discussion with the professor during her or his office hours, or making arrangements to have lunch during the semester. Students who wish to take a professor to lunch or dinner on campus can do so at no cost through a student-faculty interaction program. Establishing a bond with a professor, as intimidating as that may seem, is the first step to finding a role model relationship. And it becomes easier and easier as you focus within one department or area of interest.

Beside the problem of intimidation, a major barrier to faculty role models for women is the low percentage of women professors in some academic fields. According to the Provost's Office, as of September 1, 1991, only 299 female faculty members at both the University and Medical Center, are on the tenure track. This imbalance is even more extreme for minorities, as (again as of September 1, 1991) only 9 black women, 4 Hispanic women, and 9 Asian women are on the tenure track. Obviously, our faculty do not accurately represent the sexual, racial, and cultural diversity of our population. As female students we should be aware of this incongruity and make the administration aware of it now, especially when the issue of hiring and promotion is addressed. One group on campus working with this problem is the Faculty Women's Network, a coalition composed of the female faculty members.

Dr. Karen Frenzel, a professor of electrical engineering at Duke, addressed the gender issue in role modeling by commenting that she really never had a career role model, since she had minimal exposure to professional women. Although she respected numerous male teachers and faculty, she felt that gender differences inhibited her from viewing them as role models. Fortunately, she views this as an incentive to help other women by "entering a field with few women and trying to improve the situation for future students." Many students seek her advice about entering a traditionally male-dominated field, and she extends her advising outside of the classroom by actively participating in the Society of Women Engineers.

The key element in role modeling is that we have a chance to interact and in some way identify with a person who can help us face what is ahead.

NETWORKING

Although few students are aware of it, Duke women can join a support group after graduation. In 1986, the Council on Women's Studies created the Friends of Women's Studies, a body of women alumnae and friends of the University committed to the development of Duke's Women's Studies Program. The Friends Organization is comprised of approximately 500 women who, despite their various backgrounds, professions, and personal lives, share an interest in the advancement of Duke's Women's Studies Program. The Council publishes a semi-annual newsletter for the Friends of Women's Studies to keep members abreast of the Council's activities and the Women's Studies Program's events.

While this newly-formed group is both popular and beneficial to its members, it has almost no contact with the undergraduate and/or graduate women at Duke. Students who are either studying for their Women's Studies Certificates or actively participating in the Program's activities (open houses, symposiums, brown bag lunches, etc.) are probably the only undergraduates who benefit from the Friends Organization. The group could be an invaluable support network to students, particularly graduating seniors, who face a multitude of personal and professional dilemmas as they leave the confines of Duke. The individual and collective problems that the members of the Friends Organization have experienced provide a rich resource for Duke women today.

Conference on Career Choices

The Conference on Career Choices provides a forum for the interaction of Duke alumni and Duke students. Alumni interact with undergraduates, sharing personal job experiences at a day-long conference which includes panel discussions and issue seminars. The conference is bi-annual and the official schedule of events and locations is made available to all Duke students the week before the conference. The next conference will be in the spring of 1993.

Duke Source

The Duke Network, located at the Placement Office, matches undergraduates with alumni working in the areas of their career interests. The purpose of the network is to help students who do not have definite career plans or who are interested in further exploring specific careers. The Duke Network has the addresses of somewhere between 500-600 Duke alumni from all over the country to whom students can write, call or meet for interviews. According to a representative from the Career Development Center, this number is steadily rising.

Career Networks Within Sororities

Sororities offer a variety of opportunities for career networking. Both national and within individual chapters, alumnae across the country can offer students information on careers. For example, the national headquarters of all sororities compile lists of graduating seniors and their accomplishments. This provides alumnae who are in a position to hire employees with a number of prospective candidates within the sorority. Many sororities also have information on alumnae who have volunteered to be contacts. Those in search of employment are matched according to interest in specific fields and geographic areas. If you are a member of a sorority, be sure to explore its career networking program.

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Office of Admissions, Duke University

Office of Residential Life, Duke University

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Health

We place an emphasis on women's health concerns because a basic knowledge of our own bodies is essential to maintaining control over our well-being. With such knowledge, we gain responsibility for our bodies. Without such knowledge, we are felt to obey, rather than work with, health care professionals.

Concerns for our health extends into every aspect of our lives. From our monthly cycles to drinking and drug use to diet and exercise, we as women need basic information to ensure healthy habits and lifestyles.

This chapter does not attempt to provide a complete guide to women's health concerns. Furthermore, this guide is informational rather than advisory. It should be stressed that when you are concerned about a health issue, you should consult a physician or professional advisor. However, we hope to answer some common questions, address important health issues, and provide you with useful resources for further information.

UNDERSTANDING OUR CYCLES

Every month, a woman's body prepares itself for pregnancy. Ovulation, the production of an egg in the ovary and its release into the fallopian tube, occurs approximately 14 days before the menstrual period begins. Slight cramps and a clear, thin vaginal discharge can accompany ovulation. A woman is most fertile during the days just before and just after ovulation. However, conception is possible at any time of the month, even during menstruation.

The fallopian tubes carry the egg to the uterus, which is preparing for pregnancy by building a thick inner lining. If the egg is not fertilized by a sperm, menstruation begins and both the egg and the lining are discharged.

Most menstrual cycles are 21 to 40 days long and vary from month to month. Factors such as stress, anxiety, and weight loss can easily disturb these cycles. Thus, trying to figure out "safe" days for sexual activity is risky. You can monitor your cycle by keeping a monthly chart.

For further information on predicting health cycles, consult: Planned Parenthood, Duke Student Health, or the book *Our Bodies, Our Selves*.

Pre-menstrual Syndrome (PMS)

Pre-menstrual Syndrome (PMS) is a cyclical pattern of varying symptoms that women experience one to ten days before the onset of their periods. About 40 percent of all women of childbearing age experience PMS. Contrary to some opinions, PMS is a real medical problem requiring medical treatment in some circumstances, not the product of women's imaginations.

Researchers have begun to investigate the causes of PMS, but no conclusive evidence has been found. The amount and type of PMS symptoms are varied and may not appear to be tied to the menstrual cycle. These symptoms include: depression, fatigue, irritability, aching breasts, bloating, cravings, and severe headaches. Likewise, consensus is lacking concerning the best treatment for PMS.

What to do for PMS:

- Make sure you are getting enough Vitamin B6. Lack of B-complex vitamins has been directly related to breast swelling, bloating, and depression. It is important to maintain consumption of any vitamins within the RDA guidelines; megadoses of vitamins can be harmful.
- Exercise regularly.
- Avoid foods high in salt, refined sugar, or caffeine.
- Chart your cycle so you can plan ahead for stressful situations during the cyclical pattern.
- If your symptoms are severe, medical treatment by a physician may be necessary.

For further information about PMS, consult Sharon Rupp, R.N., at the Pre-Menstrual Syndrome Clinic. Call 684-5322 or write PMS Clinic, Box 3308, Duke University Medical Center, Durham, NC 27710.

Cramps

During menstruation the uterus contracts, cutting off oxygen and blood supply to the area, and causing pain known as menstrual cramping. About half of menstruating women suffer from cramps. The uterine contractions are due to high levels of chemicals called prostaglandins. Prostaglandins may also cause headaches, diarrhea, or nausea during menstruation.

What to do for cramps:

- Medications. Those with prostaglandin inhibitors such as ibuprofen are the most effective. They can be started a few days prior to menstruation as a preventative measure.
- Heating pads. These increase blood flow to the uterus.
- Exercise. Movement increases blood circulation and helps relax muscles.
- Health and diet. Though it has not been significantly proven, diets low in caffeine, salt, and sugar, and high in fiber and B vitamins may help.

Moodiness

Emotions sometimes go haywire during our periods. Experts have attributed the causes of moodiness to low estrogen or endorphin levels during menstruation. Diets high in sugar may aggravate the problem.

Medically, not much can be done to cure moodiness, but a balanced diet and brisk exercise may help you feel more motivated and in control of your body.

BREAST SELF-EXAMINATION

It is very important for women to periodically examine their breasts and to be aware of any changes in them. Most breast lumps and cancers are discovered by women themselves and not their doctors. Seventy-five percent of all breast lumps are not cancerous tissues, but benign tumors or water-filled cysts. However, any breast changes should be brought immediately to the attention of a health care professional, since the earlier a lump is detected, the better the chances are for successful treatment. Learning how

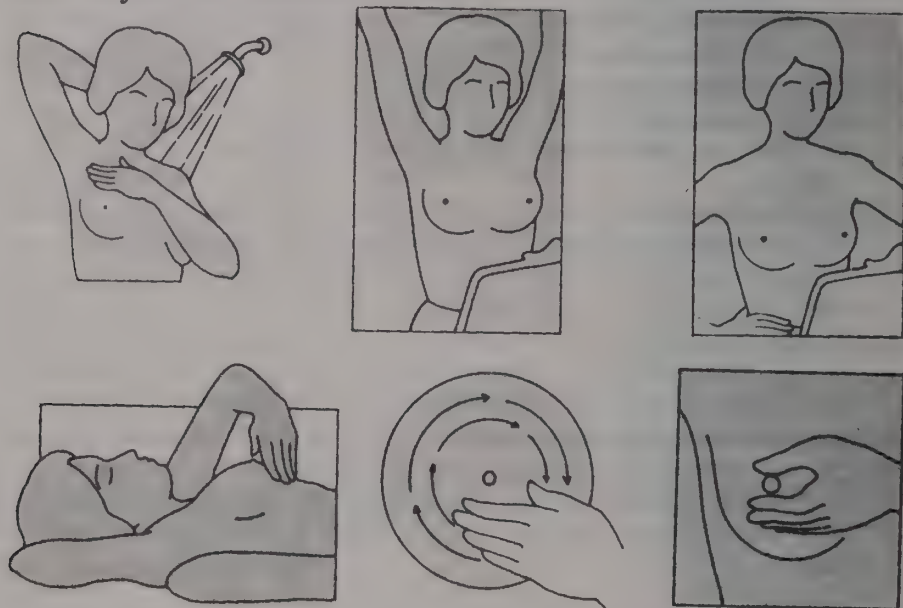
to examine your breasts can save your life.

Breasts vary from woman to woman. They also may vary in each woman on a monthly basis. During menstruation, breasts swell and may feel more lumpy. Weight loss and aging may cause wrinkles or stretchmarks. The size of the nipples may vary. Also, the circular area, the *areola*, usually enlarges during pregnancy. Finally, the shape of a woman's breasts may vary due to height, weight, or muscle support.

All college-age women should get into the habit of examining their breasts regularly to learn what is normal for them and to gain confidence in the self-examination.

Breast self-exam:

Examine your breasts once a month, a few days after your period when they are not tender or bloated.



Before a mirror: Inspect your breasts with arms at your sides. Next, raise your arms overhead. Then, rest palms on hips and press down firmly to flex your chest muscles. Look for any changes in the contour of each breast, swelling, dimpling, or change in the nipples.

In the shower: Wet skin makes this exam easier. Raise one arm and place the flat part of your fingers on the breast's outer edge. Use your right hand to examine your left breast and vice versa. Firmly glide your hand over your breast, spiraling clockwise towards the nipples. Feel for lumps, thickenings, or changes. Also examine your armpit.

Lying down: Put a pillow or folded towel under your right shoulder. Place your right hand behind your head and press gently with the flat part of your left fingers. Begin at the outermost top of your right breast and move your fingers around in a complete circle. A ridge of firm tissue in the lower curve of each breast is normal. Move an inch toward the nipple and repeat. At least three more circles will be necessary to examine every part of the breast. Notice how your breast structure feels. Repeat for the left breast.

Finally: Squeeze the nipple of each breast gently between thumb and index finger. Report any discharge to your physician immediately.

For further information, consult the Student Gynecological Clinic at Pickens Health Center which has a video on breast self-exams. For questions about breast cancer, contact Barbara Steckler, 1-(919)-967-1515, at the Breast Cancer Support Group.

GYNECOLOGICAL EXAMS

Regular gynecological exams detect cervical cancer, infections, or abnormalities. As with breast cancer, cervical cancer has better chances for successful treatment if found early. Nearly 90 percent of all women who have died from cervical cancer never had a routine exam, so taking this simple precaution is vital. Annual pelvic exams should begin at age 18, or younger if you are sexually active.

Recently, my doctor found abnormalities in my PAP smear. As a young woman, the results came as shock, it never had occurred to me that there would be a problem. I was lucky, further tests showed I was perfectly healthy. It does make me think, however, of the many young women who were not as lucky and the very real possibility of someone my age actually getting this type of cancer. My advice for all women is to make sure they have yearly exams, even if they aren't sexually active. It could be a prevention for a more serious disease.

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The exam begins by placing your feet into stirrups on either side of the examination table so the physician can clearly examine the pelvic area. The external organs will be examined first, and then the internal organs will be observed by inserting a speculum, which is a plastic or stainless-steel instrument.

Next the physician takes a PAP smear - a sample of your cervical cells with a swab - to check for abnormalities or cancer.

After withdrawing the speculum, the physician will feel for the location, size, and presence or absence of tenderness of the uterus. The physician will then insert one finger in the vagina and one into the anus in order to determine if there is an irregular mass in the anal canal.

The exam may cause a minimal amount of discomfort or pain, especially if it is your first exam or if you have not yet been sexually active. The best way to minimize the discomfort is to take deep breaths and relax as much as possible. The entire exam only takes a few minutes.

The Student Health Educator, Lisa Barber, offers brief information sessions twice a week covering issues such as breast self-exams, birth control, and sexually transmitted diseases. She will also answer any questions you may have. These sessions are highly recommended for alleviating any anxiety you may feel before your gynecological exam. You can also contact Linda Carl at Student Health Services for information on pregnancy options, contraception, sexually transmitted diseases (STD's), stress, and smoking cessation. If you'd like to reach Lisa Barber, she is available at 684-3620 ext. 282. Linda Carl can be reached at 684-3620 ext. 242. Also available on a drop-in basis are Health Education Staff in Room 113, House O.

For further information on cervical or other forms of cancer call the Cancer Hotline at 1-800-4CANCER (1-800-422-6237).

COMMON HEALTH PROBLEMS

Urinary Tract Infections/Cystitis

A urinary tract infection (UTI), or cystitis, is one of the most common women's health problems. Four out of five women will suffer it at some point in their lives. It is an infection of the bladder or urinary tract caused by the bacteria *E. coli*.

Causes:

- bruising, usually from sexual intercourse
- hormonal changes (i.e. from birth control pills)
- infection in the bowel
- stress

Symptoms:

- burning sensation during urination
- urinating frequently and in small amounts
- cloudy or foul-smelling urination
- lower back pain
- pain during intercourse

Prevention:

- Urinate as soon after sexual intercourse as possible. This flushes out anything foreign that may have gotten into the urethra.
- Avoid vaginal deodorants; they may cause an allergic reaction.
- Urinate frequently.
- A diaphragm may put pressure on the urethra, making some women more susceptible to UTIs. If you use a diaphragm and have persistent problems with UTIs, you may want to consider another form of birth control.

Treatment:

- Drink as much liquid as possible to help flush out the urinary tract. Cranberry juice is especially beneficial because of its acidity.
- Urinate every time you feel the slightest urge.
- Always wipe from front to back to prevent spreading *E. coli* bacteria to the vaginal area.
- Avoid tight pants and wear cotton underwear.
- Change tampons or sanitary pads frequently.
- Avoid perfumed bathroom products such as toilet paper, soaps, powders, or bubble baths.
- See a doctor. A urine sample will be taken and antibiotics prescribed. If untreated, the infection may progress and cause permanent damage.

Vaginitis

Vaginitis is an inflammation of the vagina and vulva marked by pain, itching, and discharge. Normally, the vagina discharges filmy, odorless secretions from the cervix and vaginal walls. Every woman has some vaginal discharge, and it varies during the menstrual cycle and with sexual arousal. A healthy vagina contains many different types of bacteria, which are harmless and necessary for the organ's functions. In an infected vagina - one with vaginitis - the levels of these bacteria have become unbalanced for various reasons, and the result is a bacterial infection in the vagina.

Causes:

- poor diet
- some medications (antibiotics, hormones like the Pill, too frequent douching)
- pregnancy
- the last two weeks of the menstrual cycle
- intercourse without sufficient lubrication
- tight pants
- stress

Symptoms:

- **Yeast infections:** The most common type of vaginitis, caused by the fungus monilia. Symptoms include itching and a white, cheesy, odorous discharge.
- **Trich (trichomonas infection):** Usually transmitted through sexual intercourse, but may be passed through towels or clothes. Symptoms include a yellow/green, thin, odorous discharge.

Treatments:

- Your physician may prescribe medication for both you and your partner. Be sure to take all of the prescription even if the symptoms are gone. A check-up appointment may be a good idea.
- Don't scratch – it will only make it worse.
- Keep the vaginal area as clean and dry as possible.
- Wear cotton underwear.
- Avoid tight pants.
- Tell your sexual partner about the problem, since he/she may need treatment also.
- Wipe from front to back.

WOMEN AND ALCOHOL

Recent reports on the social drinking patterns of college women indicate that the number of women who are drinking, along with the quantity and potency of their drinks, is on the upswing.

Studies have shown that, since the 1960's, the number of women who have begun to drink for the first time has increased twice as fast as the number of new male drinkers. Combined with evidence that women develop alcohol-related physical problems faster than men and become physically addicted after shorter drinking histories, these facts demonstrate that women need to know more about alcohol and its effects on their bodies.

Women often drink for the same reasons as men. Most students drink to relieve tension and escape from academic and personal pressures. Because alcohol tends to suppress social inhibitions, many students believe drinking makes them more sociable and increases the possibility of sexual encounters.

Alcohol researchers have discovered a disturbing link between alcohol and sex. Some people want to be sexually active but have moral pangs about it, so they drink and blame their actions on alcohol. In 1991, 73 percent of the females in a survey for Sociology Professor Wendy Luttrell said that alcohol had increased their willingness to engage in sexual activity. This situation can be both emotionally and psychologically harmful. Sex with a partner you would not have considered while sober can lead to feelings of embarrassment or self-blame.

Sex while under the influence of alcohol can also be physiologically harmful. Alcohol compromises the ability of people to effectively use many forms of contraception. Sixty-six percent of all pregnancies in college-aged women result from having sex while under the influence. In addition, 60 percent of all STDs in women result from sexual encounters while under the influence. Finally, one unprotected sexual encounter, alcohol involved or not, can lead to the contraction of AIDS.

A very drunk or passed-out woman is also vulnerable to harassment and/or assault. Acquaintance rape occurs most often when a woman is under the influence of alcohol and has been left alone with a male companion. In fact, 55 percent of women and 75 percent of men involved in acquaintance rape were under the influence.

Until last year, I viewed drinking as a harmless way to have a good time, as I'm sure many others do. What I've realized since is how dangerous alcohol can be. While visiting a close friend at another college, I became extremely intoxicated. A guy I had just met took advantage of my condition and we ended up having sex. I know had I not been drinking, I would have been able to say "no" and the incident would not had happened. By choosing to drink, I gave up my ability to make further choices and placed myself in a situation where I was dependent on the choices of another individual. Although this incident did not occur at Duke, it still affects my life here. Eventually I will stop blaming myself for letting my drinking get out of hand, but the feelings of anger, loss, and distrust remain.

Trinity '94

Drinkers do not often realize that alcohol presents a paradox when it comes to sex. Although it may reduce inhibitions, alcohol also decreases the ability to have satisfying sex for women by dehydrating the mucous membranes that lubricate the vagina, thus making penetration more painful. Under the influence of alcohol, some women may also have more difficulty achieving orgasm and men may have difficulty achieving and maintaining an erection. As a result, alcohol overuse can lead to unpleasant, frustrating, and even violent episodes.

For the women on campus who drink socially, the best advice is to drink in moderation, and to drink with friends whom you trust will take care of you if you consume too much.

Alcoholism

A woman who consistently overuses alcohol as a primary method of coping with life's stresses, is unable to moderate her consumption, or who becomes physically ill when she stops drinking has the disease known as alcoholism. The disease poses an additional threat to women since recent

studies have linked alcohol and breast cancer.

It is important to be aware of the early signs of alcoholism as well as the classical symptoms as many people deny their problem on the basis of not exhibiting the later stages of the disease.

Symptoms of alcoholism include:

- preoccupation with “partying” and “getting a buzz”
- overuse of alcohol as a primary way of coping with stress
- becoming physically ill after drinking
- inability to moderate consumption of alcohol
- blackouts (inability to remember events which took place while drinking)
- drinking alone

Women comprise only 20 percent of patients treated for alcoholism, although nearly half of the nation’s alcoholics are female. This is because women alcoholics tend to conceal their problem longer than men before seeking help. The majority of women in treatment clinics identify the reason for starting to drink excessively as a feeling a powerlessness.

Alcoholism is a significant risk for women at Duke. Because of the increased stress coupled with an increased accessibility of alcohol, the disease surfaces in many people during college. Students at risk for developing alcoholism may not realize the dangers because everybody appears to be drinking the same way. Under the surface however, drinking affects everyone differently.

Current research indicates that individuals with an alcoholic biological parent are four times more likely to develop the disease, even when adopted and raised by nonalcoholic parents. This suggests a genetic predisposition to alcoholism. Family history is only one risk factor, however. Fifty percent of all alcoholics in Alcoholics Anonymous do not have an alcoholic in their family.

With developments in research and greater numbers of people speaking about their own addiction to alcohol and recovery, it is hoped that more women from our generation will stop their destructive drinking before the disease develops.

If you think you may have a problem with alcohol, or if you are concerned about a friend, call one of the numbers below for information:

- ALANON 24 hrs., 286-0999 — ALANON is for relatives of alcoholics.
- Alcohol and Drug Abuse Service Mental Health Program Oxford, NC; (919) 693-2611
- Alcoholics Anonymous 286-9499 — AA maintains strict confidentiality.
- Alcoholism Information Center 286-4441 or 493-3114

- Alcohol Treatment Center 24 hrs., 286-1656
- Duke Alcoholism and Addiction Program 684-3850
- Durham County Substance Abuse Services 560-7500
- Durham Helpline 683-8628
- Durham's War on Drug and Alcohol Abuse 490-5253
- NC Alcoholic Rehabilitation Center 575-7928
- Oakleigh at Durham 479-3000
- PICAD 660-DRUG (660-3784)—Peer Information and Counseling on Alcohol and Drugs is a group of Duke students who have received training on alcohol and other drug issues. They offer confidential education, peer counseling, referral services, and support for children of alcoholics. Beth Armbruster (684-6721) is PICAD's staff advisor.
- Rescue Mission 688-9641
- Jeanine Atkinson, Substance Abuse Counselor/ Educator, 684-3620 ext. 332

Alcohol's Effects on Women's Bodies

Even for women at Duke who do not have a drinking problem, there are many negative effects associated with frequent or occasional drinking of which we should all be aware.

Alcohol has been linked to a higher rate of breast tumors. Young, thin, premenopausal women are at the highest risk. It is also linked with tumors of the liver and mouth and increased susceptibility to high blood pressure. There is a correlation between alcohol and a higher risk of stillbirths, miscarriages, fetal alcohol syndrome, and physical, mental, and behavioral defects in babies born to female alcoholics.

There is the same amount of alcohol in a 12-ounce serving of beer, a shot of 86 proof whiskey, and a six-ounce glass of wine. One ounce of pure ethyl alcohol contains 200 empty, non-nutritional calories. The effects of the alcohol depend on body weight, time passed since last meal, and body tolerance. The following effects occur among both men and women.

Liver: Because alcohol is actually a poison to your body, the liver devotes its energy to clearing it out of your system. This causes the liver to temporarily abandon its other functions, like maintaining stable blood levels of glucose in the brain.

Stomach: Alcohol causes an increase in the flow of digestive acids, leading to irritation of the stomach lining. This can result in nausea and vomiting. Regular, heavy, drinking can cause chronic stomach irritation and ulcers.

Central Nervous System: Alcohol depresses nearly all brain functions, from balance to breathing. Regular drinking raises the brain's tolerance to alcohol, which can lead to damage to other parts of the body.

Storage of vitamins: Alcohol depletes vitamins already in the body and slows the absorption of new nutrients. Long-term reduction of B vitamins, vitamin A, and vitamin C can lead to the following: impairment of the heart, liver, and other organs, damage to muscles and nervous tissue, anemia, reduction of disease resistance, impairment of vision, overstimulation of the adrenal gland, and beriberi, a disease involving severe nerve degeneration.

A final note: Alcohol is metabolized, or broken down, in the body at a rate of about one ounce of alcohol per hour. If you drink more than your body is metabolizing, you are going to undergo the toxic effects of alcohol no matter what. Therefore, no matter how many cups of coffee you drink or showers you take, nothing will alter that rate.

Alcohol also has several other effects specifically on women's bodies:

- The same amount of alcohol causes a higher blood alcohol concentration (BAC) in women than in men. This is because women generally have a higher amount of fatty tissue and a lower total body-water volume than men.
- Women's hormonal cycles affect their rates of alcohol metabolism. Ovulation, the time just before menstruation, and taking birth control pills can lengthen the time it takes your body to break down alcohol.
- Women who are chronic drinkers have higher incidences of gynecological problems and sexual dysfunction.
- Women's bodies are more susceptible to the toxic effects of alcohol. More women who are heavy drinkers or alcoholics die from circulatory disorders or cirrhosis of the liver than men.

Alcohol Emergencies

It is quite possible that sometime within your college career you will be exposed to an alcohol emergency. If someone has had too much to drink, do not leave her/him.

- Stay calm. Don't try to reason or argue with them.
- Stay with anyone who's unsteady on their feet.
- Stay with them if they're vomiting.
- If they've passed out, turn them on their side so they don't choke if they vomit.
- Make sure they're breathing!
- If you're unsure how bad they are, call the 24-hour Student Infirmary for advice, or bring them to the Infirmary. Call Public Safety for transportation assistance.

Important numbers in case of Alcohol emergencies include:

- | | |
|------------------------|----------------|
| • Student Health | 684-6721 |
| • Student Infirmary | 684-3367 |
| • Public Safety | 684-2444 / 911 |
| • Duke Emergency Dept. | 684-2413 |

SMOKING

Women smoke because they believe smoking both stimulates and relaxes them, providing a short-term increase in alertness and memory and reducing feelings of stress and irritability. These effects reinforce the learned behavior of smoking. This can result in both a psychological and physical addiction to nicotine.

Some facts regarding smoking and health:

- Nearly 1,000 U.S. citizens die every day directly due to smoking.
- The average lifespan of a smoker is 8.3 years shorter than a non-smoker.
- Eighty percent of all lung cancer deaths are linked to smoking as well as 30 percent of all heart disease deaths.
- Before the age of 50, cigarette smokers have three times as many heart attacks as non-smokers. For women, this figure is closer to four times as many.
- Smokers have ulcers four times more frequently than non-smokers.
- Smokers are twice as likely to become toothless before the age of 60 than non-smokers.
- The diseases linked to smoking include: bronchitis, heart attacks, strokes, emphysema, ulcers, pneumonia, and cancers of the heart, lungs, liver, stomach, bladder, mouth, throat, and sex organs.
- Sinusitis, bad breath, gum infections, and cavities are also tied to smoking.

Some facts regarding women and smoking:

- Despite an overall decrease of smokers, smoking has been on the rise among young women.
- Women who smoke have a 200 percent higher risk of cervical cancer.
- Female smokers using oral contraceptives have a higher risk of heart disease and other health problems.

- Smoking while pregnant can result in premature birth, miscarriage, stillborn, newborn death, and low birth weight babies.
- Pregnant smokers have a 20 to 35 percent higher risk of their infants dying.

Some facts regarding national statistics vs. Duke statistics:

- Nationally 40 percent of the males and 24 percent of females surveyed smoke regularly
- At Duke 30 percent of the males and 20 percent of the females smoke regularly
- 5 percent of Duke students smoke while drinking

Studies have shown that quitting smoking reduces all of these health hazards almost immediately. However, those who continue to smoke affect not only themselves but those around them. Nearly 5,000 deaths a year are linked with passive smoking — the inhalation of sidestream smoke. A smoking husband's non-smoking wife has a ten to 30 percent higher risk of lung cancer.

DRUG USE

Marijuana

Marijuana is the dried leaves and stems of the hemp plant (*cannabis sativa*). Pot is chemically complex, containing up to 421 substances, and is broken down by the body in a series of complicated stages. The main psychoactive, or mind-altering, chemical in marijuana is THC (tetrahydrocannabinol). The average potency of THC in pot has been steadily increasing since the late 1960s, from 0.4 percent to almost 11 percent. As a result, pot has become a much stronger drug today than it was 20 years ago.

Physical effects of marijuana:

Even though the immediate effects of marijuana do not last long, peaking in about 30 minutes and fading after two to four hours, the byproducts do not disappear for three to five days.

Heart: Marijuana can make the heart rate jump by as much as 50 percent. This causes blood pressure to build.

Lungs: Pot has up to 50 percent more tars and carcinogens than cigarettes. It also triggers emphysema and bronchitis.

Brain: Marijuana decreases brain cell sensitivity. Heavy use may

lead to damaged nerve connectors.

Immune system: Based on recent evidence, pot is believed to impair the immune system, causing increased vulnerability to disease.

Hormones: Marijuana temporarily decreases the release of hormones that direct sexual growth and development. It also upsets the balance of hormones that control the menstrual cycle in women.

Psychological effects of Marijuana:

Marijuana upsets the balance of brain chemicals that control mood, energy, appetite, and concentration, leading to drowsiness, nervousness, and mild euphoria. It impairs coordination and alters biochemical processes involved in sensory perception. This leads to feelings of heightened sensitivity, hunger, and a distorted sense of the passage of time. Pot also alters judgment, reasoning skills, and can cause short-term memory loss.

Cocaine

Cocaine, an alkaloid extracted from the erythroxylon coca plant, is usually sold as a white powder that is inhaled. When it is inhaled, feelings of energy and alertness peak and fade within minutes. Cocaine can also be injected, causing an intense stimulation which peaks in minutes and disappears in about a half hour. Similar effects can be achieved by smoking cocaine in freebase, crack, or coca paste form.

Cocaine's popularity is partially due to its stimulating and anesthetic effects. It makes the user feel more sociable and confident and decreases the appetite and fatigue, causing it to be used as a performance booster.

Physical effects of cocaine:

Cocaine sends the body into overdrive, increasing heart rate, blood pressure, and body temperature. This sudden, intense stimulation can result in serious health problems. It can cause damage to heart and lung tissues and an abnormal heartbeat, which could result in heart failure and sudden death. The rise in blood pressure can rupture weakened blood vessels in the brain, causing a stroke. An overdose causes seizures, respiratory arrest, and sometimes death.

Psychological effects of Cocaine:

The surge of stimulation from taking cocaine leads to a "crash" where the body returns to a lower point than where it started. Lower levels of brain transmitters that direct mood, energy, and concentration cause depression

and desire for more cocaine, leading to a high rate of addiction.

Addiction to cocaine takes away a person's sense of self and self-control. Symptoms of mild dependence include suspiciousness, anxiety, irritability, and insomnia. Symptoms of longer-term dependence include extreme paranoia, compulsive behavior, and hallucinations.

Shrooms

Shrooms are mushrooms containing the psychoactive ingredient psilocybin. Many college students prefer shrooms to street drugs because they believe shrooms are more natural than the chemicals of other drugs, but psilocybin is a chemical like any other.

Physical effects of shrooms:

The effects of shrooms begin with muscle relaxation and a rise in body temperature, pulse rate, and blood pressure. Nausea, drowsiness, numbness, and coldness of the extremities also sometimes occur in this stage. The effects then advance to distortions of time and space and impairment of judgement, concentration, and coordination. Hallucinogenic effects sometimes take place. These include synaesthesia (perceiving one sense as another), hallucinations, and distortions of sight and hearing. These effects peak about two hours after ingestion and last from three to eight hours. Sometimes fatigue and depression follow the psychoactive phase.

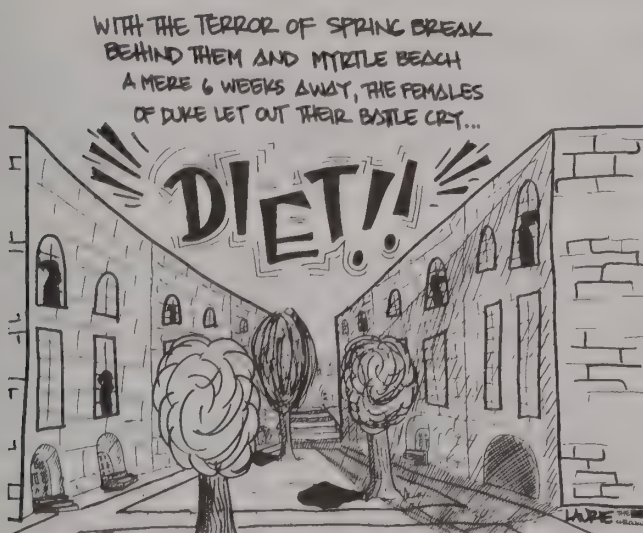
Your mind-set when taking shrooms affects the type of experience you have. For example, feelings of anger or distress can be escalated by taking shrooms. The physical settings can also affect the experience.

We have limited discussion to the drugs most frequently used by college students. For further information on drugs or drug use, consult:

- Jeanine Atkinson, Substance Abuse Specialist, Student Health 684-3620 ext.332 or ext. 325
- Contact Durham Inc. (24 hr.) 683-1595
- Durham County Substance Abuse Services 560-7500
- Durham Helpline 683-8628
- Narcotics Anonymous (Hotline) 755-5391. For further information call 560-7500
- Oakleigh at Durham 479-3000
- PICAD 684-6384
- Poison Control Center (24 hr.) Duke University Medical Center 1-800-672-1697

EATING AND FITNESS

Our eating patterns are linked so inextricably to our lifestyles that it can be difficult not only to change them but even to identify them. Unfortunately, the eating patterns of an inordinate number of women at Duke need to be examined. Pressure to succeed manifests itself in every aspect of life at Duke. Obsession with body image among women has become one aspect of this drive for perfection. Many college women constantly worry about changing the size of a thigh or a calf or wanting to shed another five pounds rather than asserting their ideas in the classroom. These attitudes have resulted in a tremendously high number of eating disorders among college women.



As with alcohol or drug use, we can begin to change this problem by bringing our experiences with healthy or unhealthy eating patterns out into the open and by making it less stigmatized to seek help. CAPS, PICAD, and Student Health are on-campus resources available to you. Once we have acted to make these changes, we will have begun to shape our culture in ways more suited to women's mental and physical well-being.

Nutrition

The most important aspect of a healthy eating pattern is following good nutritional guidelines. A complete daily menu should include:

1. Up to 5 (or more) one-half cup servings of fruits and vegetables, including at least one citrus fruit and one yellow vegetable.

2. Five servings of complex carbohydrates. Examples: one slice of bread, one-fourth cup of rice.
3. One four-ounce serving of meat or protein.
4. At least 800 mg of calcium from dairy products.
5. Less than 30 percent of a day's intake should be fat. To figure out the percentage: multiply the number of grams of fat times nine and divide that number by the number of calories times 100. Also, no more than 350 mg of cholesterol per day.
6. A minimum of salt and refined sugar.

Nothing ensures good nutrition like well-balanced meals. Vitamin supplements, while helpful, are not absorbed as well as vitamins contained naturally in foods and thus should not be considered equivalent substitutes.

Women, because of their childbearing capabilities, have nutritional needs that men do not. Below are some general and specific tips on nutrition that women can use to ensure a healthy diet.

Iron: Menstruating women are the most likely targets of iron deficiency. In younger women it may stem from heavy periods and/or physical growth. Pregnant women are at the highest risk.

Symptoms of iron deficiency include persistent feelings of weakness and fatigue. If you have these symptoms, take iron supplements and see a physician to have your iron levels checked. Severe iron deficiency is known as anemia and may require additional treatment.

In most cases, altering your diet to include more iron-rich foods builds up iron reserves. Unfortunately, most iron-rich foods such as meat and dairy products are high in fat and calories, causing many women to avoid them. However, most iron-rich foods are excellent sources of other nutrients and help add to a balanced diet. Examples include: beef, liver, raisins, shrimp, peanut butter, apricots, broccoli and other dark green vegetables, cashew nuts, and tuna fish. Enriched products such as most brands of rice, spaghetti, breads, cereals, and crackers also contain iron. Consuming foods high in vitamin C, such as citrus fruits and dark green vegetables, along with these foods aids in iron absorption.

However, eating too many high-fiber foods may cut back on absorption. Also, drinking caffeinated products like coffee and cola with these foods can cut back on iron absorption up to 39 percent; tea is the worst culprit with 89 percent.

Calcium: Some studies show that decreased consumption of calcium products may be a major cause of osteoporosis, a crippling bone disease

which emerges later in life. There may also be a hereditary link with the disease. In any case, it is important for women under 40 to store as much calcium as possible.

Many women do not consume the necessary amount of calcium because most calcium-rich dairy products are high in fat and calories. Other reasons for inadequate calcium levels are excessive exercise, which decreases estrogen production and causes calcium depletion, and high phosphorous intakes from sodas, which also deplete calcium stores.

Excellent sources of calcium include: one cup of two percent lowfat cottage cheese (154 mg), one glass of two percent lowfat milk (297 mg), one cup of lowfat yogurt (345 mg), and dark green vegetables. The U.S. Recommended Daily Allowance is 800 mg per day. This intake is too low for many women, whose needs vary over their life-cycle:

Recommended Calcium Intake

Age	Milligrams/ Day	Pregnant/Nursing
11 to 18	1200	1600
19+ years	800	1200
40+ years	800	

Oral Contraceptives: The Pill changes the body’s hormone levels and creates a potential for nutritional deficiencies. The nutrients most commonly affected are: folacin, vitamin B12, vitamin C, iron, and zinc. Ask your physician about these possibilities.

Vegetarians: Women who are strict vegetarians or who avoid meat need to ensure that their protein, calcium, iron, vitamin B12, and zinc intake are adequate.

Eating well and taking care of yourself physically and mentally is difficult at Duke. Long hours of study coupled with erratic sleeping patterns take their toll. The availability of junk food and alcohol on campus make maintaining a healthy, well-balanced eating regimen a feat. The most important thing you can do is not despair when you don’t eat perfectly well or consume a few extra calories. You’re only human!

Eating Disorders

Women have traditionally been valued (and have subsequently come to value themselves) as much for their appearance as for their other qualities and capabilities. Part of our American notion of feminine beauty is pencil-like thinness. Studies have shown that female models in fashion magazines and advertising have become progressively thinner over the past 25 years.

The media relates a woman's worth to her appearance and places her in the position of trying to comply with an unrealistic norm of thinness. Given the emphasis placed on weight and food in our society, it is not surprising that health is often neglected.

The problem of paying excessive attention to eating is particularly acute among women here at Duke. Think about how many times you have overheard or participated in conversations with women in the eating places on campus in which someone didn't complain that they were eating too much or needed to lose weight.

I didn't know what a fat gram was before I came to Duke. I never realized how competitive people, rather women were about their weight. I don't feel comfortable going to lunch with a lot of women here at Duke. From the beginning women would gawk at me saying, "You're eating that!" Then they would continue to tell me how many fat grams, and how many calories, or how much cholesterol my food contained. At first I thought they were concerned about what I was eating, my health and my nutrition, but now I have come to realize they are angry at me because I eat what they think they can't have.

Trinity '94

The endless cycles of life at Duke. You've just left the CI—after eating a bagel and maybe indulging in some frozen yoghurt—to go to your room where you change into running shorts. After a quick run around East, you race back to your room, stress out about how much work you have and end up in the library before an open book, unable to concentrate on anything but a tally of accumulated calories dancing before your eyes. In an ever-tightening circle your life revolves around how much food you eat or don't eat. It invades your entire existence, although it isn't really the root of the problem. The problem is that your self-image cannot compete with the mirage of perfection you see in others around you.

I came back to Duke this fall after a year abroad. The first thing that struck me was how young everyone looked, especially the women. I assumed it was because so many faces were new to me, but many people I talked to voiced the same surprise. I looked more closely and what I saw really scared me. These women seemed undernourished, not just young. Too many of us are measuring our worth based on physical appearance and, disturbingly, finding ourselves lacking. This mania to perfect our bodies points not only to pressure from society but a frustrated desire to control our lives as well.

First hand experience taught me the ins and outs of this way of life. My sophomore year, I had an eating disorder which sucked me into a similar whirlwind of energy bursts and spiraling depression. It is a terrible trauma, both for the person with the problem and the people that care for her. And although the experience is intensely personal, there are many of us who share

the same fears and uncertainties. The rash of this problem on campus says much more about a lack of understanding among women than it does about any individual case. We need to directly address the issues concerning women's status on campus and how women fit into a changing social climate. Only then will this frightening emphasis on fat intake shift to some of the real problems behind eating disorders.

*Ellen Wurtzel
Trinity '92*

If you are trying to assess your eating patterns, it might help to keep in mind that **feeling good about yourself as a person is the most important quality of health.** Being a little overweight or underweight is not a problem in itself. Neither is the desire to lose a few pounds. However, if your eating patterns or concerns about your weight dominate your thoughts and behavior, you might want to talk to a friend, parent, or health care professional.

What follows is a brief outline of several of the most common eating disorders and what you can do if you think you or someone you know fits into one of these categories.

Compulsive eating and the “First-year Fifteen”

Gaining several pounds during one's first year is a common experience among college students. Midnight pizzas and all-you-can-eat cafeterias contribute to this phenomenon. Women often feel bad about themselves for the weight gain, and dieting without success can intensify this feeling. However, we must keep in mind that our bodies are still changing in the college years and that our appropriate body weight may be changing also.

Nevertheless, if you find that you eat compulsively, have been unable to lose weight, or are in a diet-regain cycle that you want to change, you do have options. It may help to discover what is sabotaging your attempts to lose weight. Here are some resources for you:

- Jean Hansen, head nurse at Pickens, and Lisa Barber, health educator, conduct nutritional and diet planning and offer information sessions in commons rooms during the semester. Call 684-6721 for an appointment.
- CAPS, 660-1000.
- The books *Fat is a Feminist Issue I and II*, by Susie Orbach, and *Breaking Free of Compulsive Eating* by Geneen Roth.

Bulimia and Anorexia

The overwhelming majority of bulimics and anorexics are women and, like many Duke students, are high achievers. Although women of all socioeconomic classes experience these eating disorders, a majority come from upper middle-class families. In the race to succeed, many women fall into the trap of trying to make themselves impossibly thin.

After being bombarded with conflicting societal messages about ourselves and our bodies, many women exhibit common behavioral and psychological patterns that are magnified in the bulimic and anorexic. These characteristics include low self-esteem, an eagerness to comply and achieve in order to elicit love and approval from others, feelings of extreme guilt and shame about behavior, worries about sexuality and sexual inadequacies, distorted body image, and an obsessive preoccupation with food. When in stressful situations, the bulimic will turn to food while the anorexic will turn away.

Bulimia

Bulimia is a binge-purge cycle in which someone will eat compulsively and uncontrollably and rid herself of the food by vomiting, by taking laxatives, or by exercising to extremes. Many bulimics begin the cycle by planning to limit purges to a few occasions. However, they become addicted and feel unable to stop the cycle. The person binges to feel better about herself or ease the pain of loneliness or depression, but only succeeds in feeling worse about herself and her body.

Purging heightens the sense of shame. The secrecy usually associated with the behavior only serves to make the bulimic feel more isolated and alone, thus inducing another round of bingeing.

It is estimated that 10 to 20 percent of college women binge and diet while three to eight percent binge and purge, but these are conservative estimates. In addition to the heavy emotional toll incurred, bulimia is a serious health risk. The following are results from a 1988 survey of women of all ages and cultural backgrounds at a University of California campus:

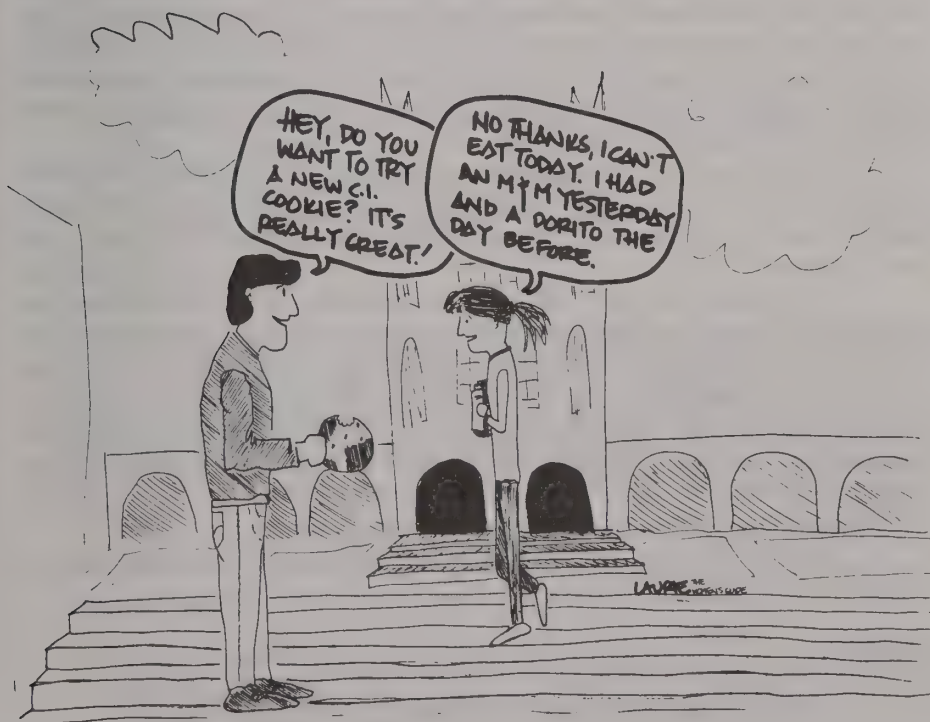
- 4 percent were classified as severe bulimics (binged 8 or more times per month and used purging to "get rid" of calories)
- 16.9 percent were moderately bulimic
- 12.9 percent had problems with bingeing but did not purge
- 12.4 percent were chronic dieters, they dieted, fasted and exercised excessively every week
- 3 percent purged without bingeing
- This means that 49.2 percent of these women surveyed engaged in abnormal eating patterns
- 1-2 percent of all college women have anorexia nervosa.

Inducing vomiting can lead to a chronically inflamed throat, salivary gland enlargement, tooth and gum decay, dehydration, internal bleeding, and in severe cases, hypokalemia – a loss of serum potassium that can lead to heart or kidney failure. Use of laxatives does not rid the body of calories and can cause intestinal infection, kidney damage, constipation, water retention or dehydration, and irritable bowel syndrome. Other effects of bulimia include fatigue, headache, nausea, cognitive disturbances, abdominal pain or bloating, insomnia, cessation of menstrual cycle, and/or swelling of hands and feet.

Anorexia

Anorexia nervosa is a psychological disorder tied to a preoccupation with food and an irrational fear of becoming fat. It is defined as being 15 to 20 percent below normal body weight, although a person can become anorexic before she actually achieves this weight loss.

As with bulimia, the cause of the disorder is not easily pinpointed. Psychological profiles indicate that anorexia is a way for women to control their body weight and thus, in their perception, their self-esteem.



Anorexics keep getting thinner until they reach a point that is very unhealthy and can even result in hospitalization. They have a distorted body image and believe they must lose more weight to look good, to win approval, to be accepted, and to succeed.

Physical effects of the disorder include depression, insomnia, hypothermia (and growth of excess hair on face, arms, and legs in order to combat this heat loss), cessation of menstruation, constipation, and cognitive disturbance.

That feeling of needing to lose weight never left me, either five pounds before a date, before a formal, or before I went home where I felt everyone was inspecting me to see if I had gained weight since I had come to Duke. My mood depended on my weight, I was happy if I had lost weight, and embarrassed of my body if I had gained a pound. And the saddest thing was that I began to lose confidence not only in the way I looked, but in who I was.

Trinity '93

Recovery

None of these eating disorders are incurable, but getting over them does require time and effort. Many people hold the misconception that bulimia and anorexia are problems that disappear as one gets older. They don't; women in their thirties and forties are still wrestling with the diseases. In college, we are fortunate that we have a network to plug into for advice and support. Talking among women is perhaps our greatest resource when recovering from an eating disorder.

Recovery is a long psychological process. CAPS (660-1000) offers short-term individual counseling and support groups for people with eating disorders and will also refer women to off-campus counselors for long-term counseling.

If you think a friend has an eating disorder, there is little that you can do until she decides she has a problem and wants to do something about it. Do not push or give gratuitous advice. Most importantly, don't be judgmental. If she refuses to acknowledge any difficulty, leave it at that, but let her know that you will be there for her as a supportive friend if and when she decides to confront her problem. Remember that it is her responsibility to control her actions. If you think the problem is getting serious, talk to your dorm residential advisor or someone else you trust.

Listed below are some books and organizations that provide information about eating disorders.

Reading:

- *Fat is a Feminist Issue I & II, Hunger Strike*, S. Orbach

- *The Obsession: Reflections on the Tyranny of Slenderness*, K. Chernin
- *Making Peace with Food*, S. Kano
- *Feeding the Hungry Heart: The Experience of Compulsive Eating*, G. Roth
- *Breaking Free from Compulsive Eating*, G. Roth
- *Handbook for the Treatment of Anorexia Nervosa & Bulimia*, Garner & Garfinkel
- *The Best Little Girl in the World*, S. Levenkron
- *A Young Woman's Triumph Over Anorexia Nervosa*, J. Barrile
- *Starving for Attention*, C.B. O'Neill
- *Bulimarexia: The Binge-Purge Cycle*, M. Bosking-White & W. White

Associations:

- American Anorexia/Bulimia Association 133 Cedar Lane; Teaneck, NJ 07666
- Anorexia Nervosa & Related Eating Disorders, Inc. P.O. Box 5102; Eugene, OR 97405
- National Association of Anorexia & Associated Disorders P.O. Box 271; Highland Park, IL 60035

Support Groups, Clinics, and Hotlines:

- Anorexia Nervosa & Bulimia Support Group 684 -3073, 489-2202
- Eating Disorders Clinic, NC Memorial Hospital, Chapel Hill, NC 27514; 966-2167
- Overeaters Anonymous c/o CARELINE 1-800-662-7030, 541-9161
- Mental Health Hotline (804) 628-2027

Physical Fitness

The late 80s and early 90s have witnessed a rise in the nation's interest in physical fitness. Commercials for "effective" diets, such as Slimfast, or exercise machines, such as the Thighmaster, air day and night. Both women and men fall prey to "quick fixes" only to lose their goal fitness level shortly after achieving it. Being physically fit is not just a state, it's a lifestyle.

The first key to physical fitness is nutrition. It is vitally important to maintain a nutritionally balanced diet, as outlined earlier. Here are additional suggestions:

- Be aware of your eating and exercise patterns and the emotions that affect them. Not being aware of your habits and how they

change as you change your diet may cause you to return to them when you stop "dieting."

- Set achievable goals. Address why you want to change your lifestyle and plan both long and short term goals with these changes in mind.
- Identify and change destructive attitudes. Expectations of immediate results, perfection, and a magical change into a person without problems can jeopardize your endeavor. Frustration and expectations of failure will also hinder your success.
- If you wish to lose weight, **do not** consume less than 1,000 calories per day. A healthy weight loss is one half to two pounds per week. In order to lose one half pound per week, you must consume 250 calories less per day.

Exercise is the second key to physical fitness. The effectiveness of your routine depends on several factors:

- Type: Aerobic exercises such as walking, aerobic (low impact) dance, cycling, swimming, and water aerobics are excellent low stress activities.
- Duration: 15 to 60 minutes is an optimal workout length.
- Frequency: Three to six days per week will maintain your fitness level.
- Intensity: You should try to maintain your target heart rate throughout the workout. This is calculated by:
$$\text{reserve h.r.} = \text{resting h.r.} - \text{maximum h.r. (220 - your age)}$$
$$\text{target h.r.} = 0.7(\text{reserve h.r.}) + \text{resting h.r.}$$
- Warm up and cool down: In order to prepare your body for the workout perform your activity at a low intensity level until you begin to sweat. Cool down for the same amount of time. This, along with additional stretching, will prevent sore muscles.
- Progress: Progress slowly. If you try too much too early you risk suffering injury. The increased soreness of your muscles may also deter you from going out next time.

NOTE: Just like drugs or alcohol, exercise can become addictive. Overexercising can be harmful and is often tied to other disorders such as anorexia and bulimia.

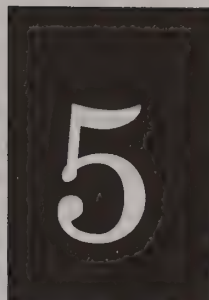
SOURCES

Carl, Linda. Duke University Medical Center, Student Health Program.

Hamilton, Michael, M.D., M.P.H., et al. *The Duke University Medical Center Book of Diet and Fitness*. Fawcett Columbine: New York. 1990.

Julien, Robert M. *A Primer of Drug Action*. W. H. Freeman and Company: New York. 1988.

Sexual Decisions



Human sexuality is an incredibly complicated subject. We begin to ask ourselves questions about who we are as sexual beings early in life. Later, when we come to terms with our sexual identity, our questions turn to what we want out of sexual relationships. We have attempted to explore some of the issues involved with both of these types of questions.

SEXUAL IDENTITY

Our sexual identities are a large part of our lives. Even if you are not active in a sexual relationship, or not actively defining yourself as heterosexual, homosexual, bisexual, or celibate, you only have to look at the mass media to realize the extent to which we are defined by our sexuality in society.

Our sexual preferences change throughout our lives depending on changes in our bodies, emotions, and life situations. Our society often communicates the message that women's sexuality is passive or non-assertive. But just like any other part of our identities, sexuality is an expression of ourselves: something to be celebrated, not suppressed. Below, we've used some conventional terms to discuss various aspects of human sexuality.

I'm perplexed by so many of the people here with whom I talk to about sexual orientation or identity. People dismiss other orientations so quickly. How can someone claim to be sexual without knowing about other preferences. Too often what is claimed as "knowledge" of other preferences are really shallow stereotypes that are fed to us through detached agents. How is it one can "know" on a personal level? There are many levels of experimentation, the very least of which should be thoughtfulness: thinking about, attempts at fantasizing about the possibilities. What harm can that do?

Trinity '92

Heterosexuality

Women are generally assumed to be heterosexual unless they make a conscious, public statement to the contrary. Some women's decisions to be heterosexual are unconscious. They seek supportive and fulfilling relationships with men and do not seriously consider other alternatives. For other women, their heterosexuality is the final result of much questioning and experimentation.

One common assumption in our heterosexual culture is that women and men need each other because of biological and psychological differences between the sexes. This ideology perpetuates some myths about the nature of men and women:

- the incompleteness of a woman without a man
- that women are passive and men are aggressive
- that men's sexuality is uncontrollable
- that birth control is the sole responsibility of women
- that women owe men intercourse after a date or foreplay
- that women are responsible for men's sexual satisfaction

On the other hand, when a woman and a man see each other as two whole people offering respect and support to one another, there is usually opportunity for mutual growth.

I call myself a heterosexual, but it has been only in the last few years that I have actually questioned what this definition meant. I always assumed that I was heterosexual, largely because I was never around anyone who was not. Sure, I've imagined encounters with other women—this seems only natural, since my friendships with women often have many of the qualities that I would hope to find in a love relationship with a man. I think that if I ever do have a lesbian experience, it will not be an instant renunciation of my heterosexuality or an automatic choice of a bisexual lifestyle. Instead, I hope it will be just another step in the exploration of my sexual identity.

Trinity '90

Lesbianism

Lesbianism generally means having a sexual and/or affectional preference for other women. However, some lesbians prefer to extend this definition to being woman-centered and woman-identified. Just like heterosexuality, lesbianism is a positive choice — a choice to define sexuality, love, emotion, and relationships in terms of women. Lesbians are often stereotyped as emotionally maladjusted, physically unattractive or masculine women who are unable to “find a man.” These stereotypes are perpetuated by a society that fears strong, independent women who can live complete and fulfilled lives based on the love and strength of women.

Homophobia — the fear and hatred of homosexuals — is overwhelmingly present in our society. In this atmosphere, it takes enormous courage and support to openly identify oneself as a homosexual. All women, regardless of sexuality, should be concerned about homophobia because it restricts their independence — any woman who in any way challenges the construction of gender roles is in “danger” of being labeled a lesbian.

I am homophobic ... My homophobia and sexual insecurity resounded loudly in my mind when I was asked to do a paper on lesbianism. I was unable to read the books required for research because of the repercussions they were having upon my peace of mind.

Being the collegiate pre-yuppie that I am, I like to have things neatly compartmentalized. I truly believe very few people are entirely heterosexual or homosexual. I believe the tendencies for both are within all of us. After all, all of us have both male and female hormones. This society we live in strongly demands that we choose either one extreme or the other. Fine. I suppose it's o.k. to be encouraged to choose one extreme or the other, but I don't think it's fine to pretend that the tendencies are not there.

This dangerous pretending game is the root of a more destructive fear. I personally do not want to recognize the homosexual stirrings within myself, however mild they may be. It is intensely frightening. This fear leads to a blind, ignorant and narrow closemindedness that frightens me even more. This type of pressure and insecurity gives rise to, and perpetuates racism, sexism, and hatred.

I wish I could end this letter by saying that I had found at our forward-thinking, liberal university, frank opinions and thought reassuring me that my feelings were natural.

I can't. But, I'm writing this anonymous letter ...as a sort of last hope that someday, I can and will.

Trinity '92

The female body is so beautiful. I long for a sexual relationship with a woman, but I'm afraid of being rejected. It seems that being rejected by a woman would hurt me so much more than being rejected by a man because I care so much for women. I love my women friends more than anything, but I don't want to lose them or frighten them by telling them about me. At the same time, it seems to me that a sexual relationship between two women should be natural because women have more in common with each other than men, and they understand each other's desires, right? Sometimes I'm not sure anymore. Why is the whole world homophobic?

Trinity '93

Since lesbianism defies the heterosexual expectations of society, it can be seen as a political choice as well as a personal act. However as long as lesbianism remains taboo in mainstream society, physical and psychological violence against people perceived to violate the norms of society will be present. At Duke there is organized support for lesbians through the Duke Gay and Lesbian Alliance (DGLA) and CAPS (660-1000) which provide support groups and refer women to area counselors upon request. Beth Ann Koelsch, the Program Coordinator for lesbian/bisexual women, is also available for referrals and advice on health and counselling issues, as well Duke and Durham community information. She is also available to talk to confidentially about lesbian/bisexual issues. Beth Ann Koelsch can be contacted at the Women's Center at 684-3897.



Gay Pride March, Summer 1991

For those heterosexuals who wish to get involved, HARMONY is an organization for heterosexuals to show their support for gay rights.

I first realized I was a lesbian when my good friend told me she was gay. This came as a big surprise, and it came to me as I thought about her that I could be gay too. I read some books about it, secretly, and began to identify more and more with what I read and soon realized that I too was gay. This was very frightening at first. I felt like it was such a big discovery and meant my whole life would be different from my expectations. I would not grow up

and get married like seemingly everyone else I knew, and I would not feel comfortable speaking openly of my relationships or displaying affection publicly, like straight couples do. I felt like surely everyone else I met would be able to tell right away of my new identity, and since there is so often such stigma attached to being gay, this was a terrifying period of time. The hardest part was telling my parents, which I wanted to do because if they didn't know I was gay, they didn't know the real me. It took two years to come out to my mom and I still haven't told anyone else in my family.

Trinity '88

Bisexuality

The term bisexual refers to someone who has sexual desires for both women and men. However a bisexual woman does not necessarily want to be sexually involved with both women and men at all times in her life or at the same time. For some women, bisexuality is a political statement designed to break down traditional gender stereotypes and create a freer atmosphere for sexual expression.

A bisexual faces potential discrimination from both the heterosexual and the lesbian communities. They may be suspicious of her commitments and intentions. But bisexuality isn't a way of avoiding a decision; it is a full and legitimate expression of sexuality.

As a bisexual I think I have an easier time escaping the discrimination and other problems particular to lesbians. I can be a chameleon—I color myself to fit my surroundings. I can be very happy with my boyfriend, and by being with him, I avoid the suspicions of parents and acquaintances (my friends know about me). Unfortunately, by being bi, I have interests in both directions and feel torn apart sometimes. No matter how much I love my boyfriend, even after I have rejected the rest of the gender, I am still interested in women. They are separate, so separate I don't equate a relationship with a woman with the relationship I can have with a man. That is the only drawback I've found to being bi, not being satisfied with one or the other. The security of being able to hide, though cowardly, is an advantage in a homophobic society.

Trinity '90

Bisexuality has its own unique problems, as I've learned. Some people think I'm a double nymphomaniac who loves nothing more than threesomes, or that I get twice as many dates as people who are exclusive one way or the other. This isn't the case. Often, straight men ... are scared off by the fact that I also love women. On the other side of the fence, lesbians won't date me because I'm not considered a "true" gay person despite my coming out

process and selfidentification as gay. Other bisexual women who understand my dual interest either are just slightly more interested in men or declare themselves straight after reconciling their "sexual identity confusion." Coming to terms with bisexuality, which is more common than one would think, should not mean sacrificing part of it, and I feel rare and special, if lonely, for having come to terms with both sides of my sexuality.

Trinity '90

Celibacy

To be celibate means simply to abstain from sexual activity. A woman who is celibate doesn't necessarily have a lack of sexual feelings; she merely chooses not to act on them. Some women choose celibacy for life. Many women delay sexual activity until later in life for personal reasons, or simply out of confusion. Others choose celibacy for a defined period before marriage, during a particularly spiritual or emotional time, or as a time to sort out problems in a relationship or in attitudes about sexuality. Celibacy is not a negation of sexual identity; it is a perfectly viable way to express oneself. Many celibate women have discovered that abstaining from sex gives them a sense of spirituality that they find difficult to achieve when devoting large amounts of energy to a sexual relationship.

Celibacy is a hard lifestyle to talk about because it brings to mind images either of cloistered nuns or spinster aunts. I made a conscious choice to be celibate after a relationship that had drained a lot of my energies and made me question a lot of my ideas about my sexuality. Even now, after sorting out many of the issues from that relationship, I love the sense of peace and freedom that being celibate gives me. I have a lot more time to dedicate to all of the people who are important to me, and a lot more time alone to replenish my own energies. Besides, I never have to worry about birth control! Perhaps at some point in the future I'll decide to have a sexual relationship, but maybe not.

Trinity '89

Masturbation

Masturbation, or auto-eroticism, means stimulating the clitoris or genitals by hand or with another object. Usually an orgasm is the desired result of masturbating. For some women, masturbation is only one part of their sexual life, a way of exploring their own body and sexual feelings. Some depend more strongly on themselves for sexual experience. In the past, masturbation was considered dirty and mysterious, but today it is generally recognized as a normal and healthy part of sexuality. It is estimated that 95 to 98 percent of women masturbate at some time in their lives.

It's not about being sexually repressed nowadays. It's also not about casual sex. It's about being sexually uninhibited with the right guy. So, in the meantime, what's a woman to do? I don't see how masturbation is any different than dancing by yourself when your favorite song comes on. It's so safe too - no harmful side effects like AIDS or pregnancy. Besides, if you don't masturbate, how are you going to figure out where your favorite erogenous zones are? Even the right guy won't know what to do to give you pleasure if you can't tell him. Isn't it painful waiting for a guy to bring you to orgasm? Admit it, sometimes you fake it. I'm saying you can train your body through masturbation to respond quickly to the touch and achieve orgasm faster. You'll both appreciate it. And when he's not around, who wants to be frustrated? Giving myself pleasure is one of the greatest gifts I have.

Trinity '93

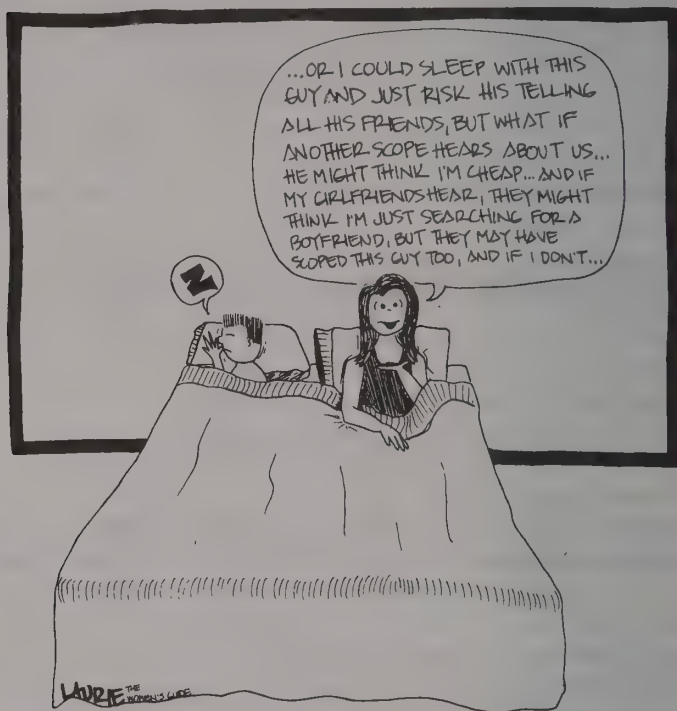
DECISION-MAKING IN SEXUAL RELATIONSHIPS

Once we come to terms with our sexual identity, the question of whether or not to have sexual relationships is one that we all confront at some point in our lives. For many of us, our college years are the first time we explore for ourselves what we find rewarding and satisfying in an intimate relationship. It is important to make these decisions carefully in order to ensure both physical and emotional well-being. For those who do choose to become sexually active, there are important questions to address.

These are complex questions and will take time and energy to answer. Your answers may change with experience, but careful consideration now will help you clarify your values and expectations and lead to healthy decisions both in the present and in the future.

- How much emotional commitment do you feel should go along with physically intimate relationships?
- How much honesty and loyalty do you want from your partner?
- How do you feel about a non-monogamous relationship?
- What does love mean to you? How much of it consists of physical attraction, how much of friendship?
- How openly are you able to communicate with you partner(s) about your own feelings and desires?
- If you are in a heterosexual relationship, are you both able to talk about birth control? Who will take responsibility for it?
- Do you know where to obtain and how to use birth control, if you so choose?
- Do you have religious or moral beliefs that need to be considered?

- Are you being pressured into a sexual encounter by your partner?
- Do you know how to prevent AIDS and other sexually transmitted diseases?



I was seventeen the first time I had sex. I wasn't in love with him; mainly I was really curious. We were stupid and did not use a condom, but I was too nervous and self conscious to even mention that subject. Sex wasn't at all what I had expected it to be. Well, at least it didn't hurt like some of my friends' first times had. Afterwards though, instead of feeling like a "new woman," I felt like a small child. I just wanted to be held and comforted by my mom and told that everything was OK. I realized sadly that I could have waited.

Trinity '93

Being sexually active since I was sixteen years old, I used to think that conscious sexual decision making was not important. I even adopted patterns of behavior where my only deciding factors were my feelings of desire and my attraction to the other person. However, after a very painful experience, I learned that these behaviors did not fit in with what I really wanted out of these relationships. Even in a situation where we were honest and said that emotions were going to be too involved, that it would be a fun "fling," I found

myself becoming more and more emotionally attached. When I finally realized that he had no such conflicts, I came to the conclusion that I am unable to have a sexual relationship and cut off my emotions from it. All of my sexual experiences were a search for love and affection, and empty physical activity proved to be a devastatingly poor substitute. Now, I refuse to disconnect love and sexuality, which are not the same thing, even though I have confused them in the past.

Trinity '92

After I had sex for the first time, I kept repeating to myself, "I'm not a virgin anymore!" It made me happy because I loved my boyfriend; I was also glad to have the first time over with. I might have been a little young (sixteen) but I didn't want to be thought of as inexperienced anymore. Guys would have tried to embarrass me if they knew I was still a virgin. It also brought me closer to my girl friends because they were all doing it. The only bad thing about it was that it changed the relationship between me and my boyfriend. After a while, it seemed that the physical part became more important than anything else.

Trinity '94

I was very young when I first had sex and probably wasn't mature enough for it, but I was in love and the relationship lasted a long time. Even now that the relationship is over, I don't regret choosing to have sex with him. The love and trust between us made the pain and awkwardness of the "first time" all right, and later helped us explore satisfying ways to make each other happy. I've learned a lot about my own sexuality because of that relationship. But it was the love between us, not the sex, that made it work.

Trinity '92

*A male friend of mine asked me if I was a lesbian yesterday. Because I'd given this possibility a lot of thought, I wasn't caught off guard. No, I laughed, not at this point, not at Duke. Is it possible to be asexual? Abstention? I've had a few sexual experiences with men here and one experience with a woman and though all of them were fun in the way sex and nakedness is fun, all of them failed to grow to provide me with the fulfillment that I feel is minimal in any intimate relationship. I've found it difficult to develop a separate, trusting relationship with another individual—on our terms—in the Duke social atmosphere. Regardless of the reasons for the glaring imperfections in the Duke social scene, I think it is important for women not to blame themselves or try to contort themselves into the "perfect" Duke woman or girlfriend or hook-up. **Please Trust Yourself.** If a situation feels wrong, it probably is. Please get out of it. I've spent too many conversa-*

tions with women trying to rationalize and manipulate their feelings after the fact— trying to convince themselves that what happened last night was the right thing. There is no right or wrong, only what allows you to maintain a dignity and a confidence in your own, individual sense of reason. Please don't let Duke as a "social" institution undermine that. It's really not worth it.

Trinity '92

RESOURCES

If you are interested in exploring issues of your sexuality further, or simply want to have an open discussion, contact CAPS at 660-1000 or PISCES at 684-2618.

For lesbian and bisexual women:

There are numerous resources at the University and in the Triangle area which provide help for people who are still coming to terms with their sexuality and support lesbian or bisexual women.

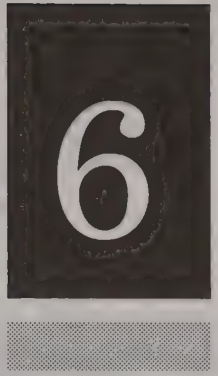
- ACT UP - AIDS Coalition to Unleash Power: 990-1197.
- BLAST (bisexual, lesbian, and straight women together) : 688-0223.
- CAPS: Every semester CAPS conducts a support group for lesbian, gay, and bisexual students. Call 660-1000.
- Carolina Gay and Lesbian Association. U.N.C.- C.H.: 962-4401.
- Duke Gay and Lesbian Association (DGLA): An organization formed to support the lesbian, gay, and bisexual community at Duke and to provide opportunities for social interaction among themselves as well as with other students: 684-3414. They hold meetings on Monday nights at 9:00 in the Mary Lou Williams Center.
- Graduate and Professional Gay and Lesbian Association at Duke (GPGLAD). This group holds monthly meetings and can be contacted at 684-3414.
- The DGLA and GPGLAD publish a newsletter, *Aurora*, for the gay and lesbian Duke community on a semesterly basis.
- The Harmony Group: Composed of friends and family of lesbians and gay men in order to provide visible support for them in the Duke community. Call 684-3413.
- HIV Support group: 286-4107.
- Lesbian and Gay Health Project, for referral service: 286-4298, or 286-4107.

- N.C. Lesbian- Gay Political Action Agenda: 419-8482.
- Our Own Place, Durham's community women's center, lesbian oriented, women's space: 688-0223.
- OUTRIGHT (rap group for men and women under 21 considering issues of sexuality, esp. gay-lesbian, and bisexual, and "coming out"): 286-2396.
- Parents and Friends of Lesbians and Gays: 781-7635.
- Raleigh Religious Network for Lesbian and Gay Equality: 1 (919) 821-0676.
- Triangle AIDS Services Project 286-7475 or 688-5777.
- Women's Center - contact Beth Ann Koelsch, Coordinator for Lesbian/Bisexual Women's programming: 684-3897.
- Women Outdoors Adventurers: 781-4199.

NOTE: Several of the questions regarding sexual decision making are reprinted from "Sexual Relationships, " a pamphlet prepared by Student Health services, the University of Arizona, and the Stanford University Woman's Guide.

SOURCES

Koelsch, Beth Ann. Women's Center, Coordinator for Lesbian/ Bisexual Women's Programming.



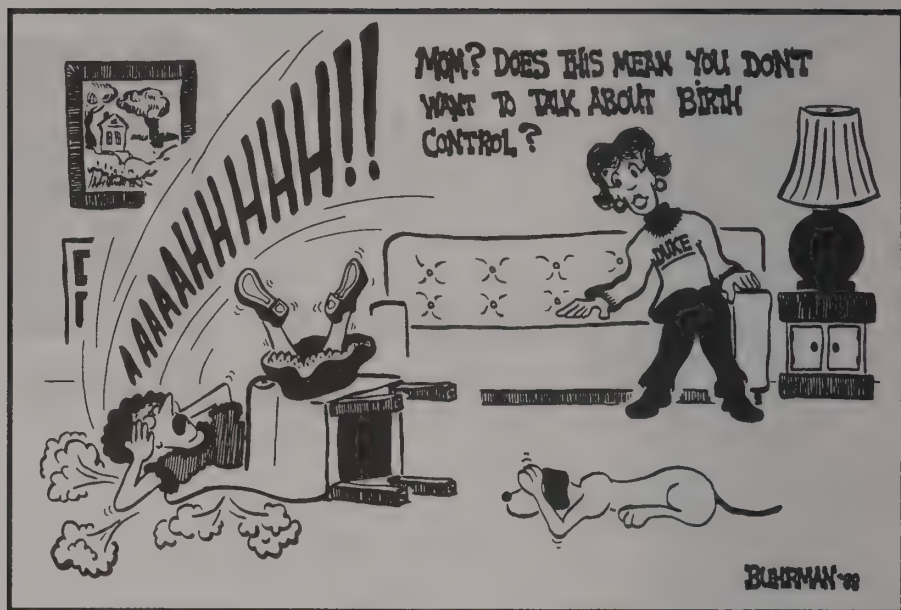
Sex and Pregnancy

The sexual relationships we choose to have bring a host of questions along with them. Those of us who are heterosexual face decisions regarding methods of contraception and what to do in the case of an unwanted pregnancy. In addition, anyone in a sexual relationship confronts the issue of sexually transmitted diseases (STD's). This section attempts to address some of these concerns.

CONTRACEPTION

If you are heterosexual and you decide to be sexually active, it is vital that you become educated about birth control. It only takes one act of intercourse to become pregnant.

A sexuality questionnaire was sent to 400 randomly selected Duke undergraduates in 1986. Only 56 percent said that they always use contraceptives for sexual intercourse. Among that group, the two most popular methods were the condom and the Pill. However, two very ineffective methods were also used, withdrawal and rhythm.



Contraception and Disease Prevention

Why are so many sexually active adults taking such big chances with ineffective methods or not using any birth control at all? In discussing this question with some Duke women, several reasons for their reluctance to use birth control emerged. Many women are uncomfortable talking about contraception with their partners. Some said discussion “spoils the mood” – birth control is not a romantic topic. Others said that communication with their partner was not open enough to discuss contraceptive options.

When women do not take responsibility for birth control, it is a way of denying our own sexuality. Using birth control confirms our sexual involvement and allows us to make decisions about its outcome.

You owe it to yourself to protect yourself against unwanted pregnancies and sexually transmitted diseases. It may seem like a big step to discuss prevention, but the health and well-being of you and your partner are at stake. If you are unsure what method of birth control is appropriate for you, you can explore your options with a Health Educator or Health Care Provider at Student Health or PISCES. Student Health will counsel you on your options and then can often provide you with the method of your choice at a reduced cost. It is important to always have a second method of birth control handy in case your first method fails or runs out. PISCES, a peer education group, offers students information on available methods and counseling to discuss these options with you. Here is a guide to your options, with their advantages and disadvantages.

NOTE: With HIV/AIDS and other STDs present in our community, it is essential to use condoms and spermicide regardless of whether we know our partner well or not. Even if we are using other forms of birth control, using latex condoms (when used correctly along with a water-based spermicide containing nonoxynol-9) will help protect against HIV, and is also effective against many other STDs.

The Birth Control Pill

The Pill is the most effective means of birth control available to women; it is 97 percent effective when used as directed. *Most women can safely use the Pill until menopause.* However, it does not prevent the transmission of STDs.

Most Pills are a combination of two hormones, *progesterone* and *estrogen*. The Pill suppresses ovulation by maintaining high levels of these two hormones in your body for the first three weeks of the menstrual cycle. More specifically, the estrogen stops egg development in the ovary, and the progesterone makes the mucus in the uterus inhospitable to sperm.

The Pill is most often the choice of sexually active heterosexual women. It appeals to women who do not want birth control to interfere with the spontaneity of lovemaking. Some women take oral contraceptives because they feel uncomfortable touching themselves and find other methods too messy. Some of the Pill's other benefits include:

- shorter, more regular periods with fewer cramps
- decreased blood loss during menstruation
- lowered chance of anemia (iron deficiency)
- protection against benign breast lumps
- protection against endometrial and ovarian cancer

But like all methods of birth control, the Pill does have some drawbacks. Some women do not like completely altering their natural menstrual cycles, and sometimes normal fertility may not resume until a few months after use of the Pill is discontinued. Other drawbacks can include:

- breast tenderness
- moodiness
- nausea and vomiting
- spotting between periods
- fluid gain, bloating

Most of these symptoms abate after the first three months on the Pill. If you have any of these problems and they do not subside, contact your health care provider. These side effects can often be avoided by trying a pill with different amounts of estrogen and progestin.

There are some side effects that increase, decrease, or stay the same with Pill use such as acne, weight gain, and sex drive. More serious problems

from taking the Pill are rare; however, your chance of developing blood clots, heart problems or strokes is increased if you take the Pill. The risk factors are especially increased if you have a history of blood vessel disorders or any of the following:

- smoking
- high blood pressure
- high cholesterol level
- diabetes

If you experience any of the following symptoms while taking the Pill, contact your physician immediately. The danger signals are:

- abdominal pain
- chest pain
- headaches
- eye problems
- severe leg pain

If, after weighing the pros and cons, you decide to start taking the Pill, you must make an appointment for a pelvic exam with a health care provider. An annual health maintenance or pelvic exam is covered by your student health fee. The provider will check your blood pressure and give you a breast and pelvic exam. You will be given a three-month prescription. After this trial period, return to your provider for a check-up. A follow-up appointment including a PAP smear should be made at least *once a year*.

Here is the basic procedure for taking the Pill:

- Start on the first Sunday after your period begins.
- Take your pill every day **at the same time**. To help you remember, associate taking the pill with something in your everyday routine, such as brushing your teeth.
- If you miss one pill, take that pill as soon as you remember it. Take the next pill at the normal time. You will need to use a back-up method of birth control for the rest of the month.
- If you miss two pills, take two as soon as you remember and two again the next day at your normal time. If you miss two or more pills, you will have to use a back-up method of contraception for the rest of the month.
- You should use an additional form of birth control for the first month that you are taking the Pill, since the body takes some time with adapting to the Pill.

Some additional things to think about: if you find yourself forgetting to take the Pill often, maybe you should re-evaluate other methods and find one that is better suited to you. Remember that birth control pills are a medication. Be sure to tell your physician that you are on the Pill if you are being treated for another health problem; an additional form of contracep-

tive may be recommended because certain medications, especially antibiotics (such as antibiotics used for acne treatment), can cause the Pill to be less effective, and a backup method of contraception will be needed during treatment.

The Diaphragm

The diaphragm is a shallow, dome-shaped, flexible cup that covers the cervix (the opening to the uterus). The diaphragm must be used with spermicide. This method prevents pregnancy in two ways: the diaphragm acts as a barrier to sperm entering the uterus, and the spermicide kills the sperm.

You may not be a good candidate for the diaphragm if you have a history of toxic shock syndrome or urinary track infections. You should check with your health care provider before you decide to use a diaphragm and ask him or her about the side effects and danger signs, including those of toxic shock syndrome.

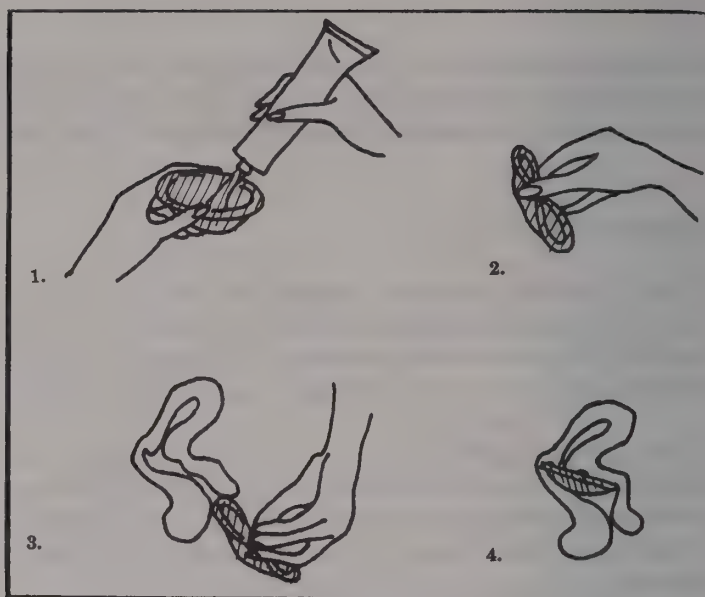
According to the 1986 Duke sexuality survey, not many women chose the diaphragm. Many feel that it is too much trouble and too messy. However, if you look at the advantages, the diaphragm may be perfect for you.

The diaphragm could be attractive to women who have intercourse sporadically because you only use it when you need it. There are no side effects or serious health risks, and the diaphragm and spermicide may help guard against some STDs and cervical cancer. Most importantly, if used correctly, it is 80 percent effective. With a spermicide, the diaphragm is 85-98 percent effective.

The diaphragm may be inserted up to two hours before intercourse. Thus, the diaphragm does not have to interrupt lovemaking. Another concern is that some women may be allergic to the latex rubber.

If you decide to use a diaphragm, you must make an appointment for a pelvic exam with your health care provider. She/he will measure your cervix and vagina to ensure a perfect fit. Your doctor will also teach you how to insert the diaphragm properly, how to remove it, and how to care for it. This may take practice, but once you have the diaphragm properly inserted, neither you nor your partner should be able to feel it. The size and shape of your vagina may change, especially if you lose or gain more than ten pounds, so you should get remeasured periodically.

Before you insert the diaphragm, put a teaspoon of spermicide inside the dome and spread it around the rim. Intercourse should occur no later than two hours after insertion. If you have more than one act of intercourse, additional spermicide must be inserted in the vagina with a plastic applicator. Leave the diaphragm in place at least six hours after intercourse, but do not wear it continuously for more than 24 hours.



If used correctly, a diaphragm can prevent pregnancy and STD's

It is important that you use the diaphragm every time you have intercourse, and not just when you think you are ovulating. In most cases, it is impossible to determine exactly when you are fertile. Don't take chances – the diaphragm can be extremely effective if used properly, and every time you have intercourse.

The Condom and Spermicide

The condom is the only protection against STDs available.

A condom is a thin latex or animal skin sheath that should be put on the penis as soon as it is erect and before it comes in contact with the vagina. At ejaculation, the semen is caught in the closed end of the condom. There are hundreds of different kinds of condoms, with different colors, textures, flavors, lubricants and spermicides.

Condoms are currently the second most widely used contraceptive in the U.S.A. after birth control pills. It is common for both women and men to buy and initiate the use of condoms.

With HIV Disease and other STDs present in our community, it is especially important for women to protect themselves. This entails taking on the responsibility to purchase and know how to use condoms, and to use them every time you engage in oral, anal, or vaginal intercourse.

The condom as a form of birth control is 80-90 percent effective; this percentage increases to 95 percent when the condom is used with a spermicide. The number one cause of condom failure is improper use, lack of lubricant, or inconsistent use. Condoms serve as barriers against diseases such as Chlamydia, HIV Disease, gonorrhea, and some vaginal infections. Condoms

can be bought over the counter in most drug stores without a doctor's prescription. In fact, condoms can be purchased at Student Health at a reduced cost or in most dormitory bathrooms or laundry rooms (not at reduced cost). Here are some more advantages:

- no serious health risks
- ability to maintain erection longer may increase
- lubricated condoms ease penetration

What about the disadvantages?

- possible interruption in lovemaking to put on a condom
- possible reduced sensitivity
- prompt withdrawal necessary to prevent spillage
- fear that condom may break
- ignorance of how to use the condom properly
- possible allergy to spermicide on condom

The Condom Comebacks

Condom Excuse:

- "It doesn't feel good."

Condom Comebacks:

- If you're uncomfortable with using condoms then let's try something other than intercourse.
- Neither does sleeping alone.
- Maybe you should try the next size down.

Condom Excuse:

- "It spoils the mood."

Condom Comebacks:

- The mood will come back.
- So does your attitude.

Condom Excuse:

- "It takes too long."

Condom Comeback:

- Then you need practice and there's no time like the present.
- Let me help you put it on.
- A condom can make sex last longer.
- We have all night. What's the rush?
- It's worth the wait.

Condom Excuse:

- "You won't catch anything from me."

Condom Comeback:

- Yes, but you might catch something from me.
- I know I won't, because either we use a condom or we are not

having intercourse.

- Then you won't get anything from me.

Condom Excuse:

- "Just this once won't matter."

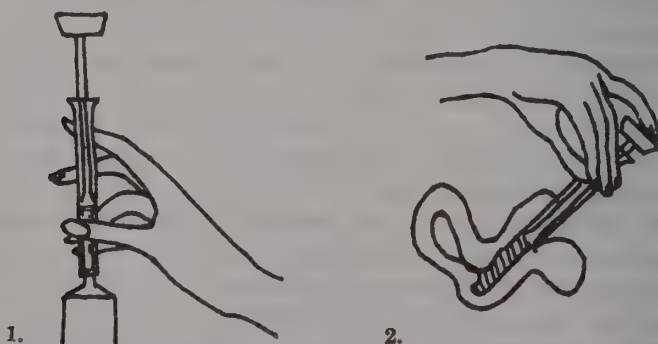
Condom Comebacks:

- It only takes once.
- Then just this once I'll have to say no.

Many people are unsure about what type of condom to use. It is advisable to buy latex rather than animal skin condoms, for effective disease prevention. Lubricated condoms facilitate penetration, although additional lubrication is strongly recommended to reduce the friction that might cause the condom to break. Only use a water based lubricant, such as K-Y jelly, Astroglide, etc. since oil based products such as baby oil and vaseline can deteriorate rubber causing the condom to break. Some condoms come with spermicide on them; check to see that the spermicide contains the active ingredient nonoxynol-9, since that agent has been shown to kill viruses and bacterium, including HIV and the herpes virus, that can cause STDs.

NOTE: Some women (and men) have adverse reactions to certain brands of spermicide. If that happens, don't give up on spermicides altogether, try a different brand.

When you use spermicide, insert it 10 to 15 minutes before intercourse. Foam, jelly, or cream spermicide is squirted into a plastic applicator, which is then inserted into the vagina and pushed up to the cervix area. Suppository spermicide is shaped like a bullet, and is inserted with a finger into the vagina. Spermicide alone is 79 percent effective.



Spermicide is very effective, only when used with a condom

It is important that women know how to use condoms. It is a mistake to believe that your partner will automatically know how to put a condom on, and you are safer if you ensure that he does it correctly. Women can also put the condom on their partner themselves, making it part of the lovemaking.

How to use a condom properly:

- Select a latex condom.
- Put the condom on before any genital contact.
- If the condom doesn't have a "reservoir", allow 1½ inch of space at the condom tip. Squeeze the tip (to release air) of the condom and unroll it to cover the entire penis.
- After ejaculation, hold the condom close to the base of the penis and withdraw the penis while still erect.
- Throw used condoms away. Do not use them more than once.

For vaginal or anal intercourse:

- Use a foam or waterbased lubricant that contains a spermicide such as nonoxynol-9. Petroleum based products such as vaseline, oils, and lotions weaken the latex and will cause the condom to break.
- Place a small amount of the foam or water based lubricant on the inside of the condom tip before unrolling it.
- After unrolling the condom over the erect penis, place some of the foam or water based lubricant on the outside of the condom.
- For vaginal sex, also use an applicator full of spermicide inside the vagina for extra protection in the event of breakage.

The condom should be put on before his penis has any contact with you. Pre-ejaculatory fluid, or the lubrications that appears on the head of the penis when it is erect, can contain large amounts of sperm and possible disease agents. Make sure you unroll the condom right side out and pinch the air out of the tip of the condom, leaving about a half-inch space to catch the semen. Spermicidal lubricant should be put inside the tip of the condom for increased security. Additional lubrication or spermicide should be used on the outside of the condom to ease penetration and reduce the chance of the condom breaking.

During intercourse, it may be necessary for one person to hold the rim of the condom so that it does not fall off. After ejaculation, have your partner hold on to the rim before withdrawal so that no semen leaks out. Condoms should be stored in a cool, dry place.

Contraceptive Sponge

The sponge is a relatively new method of birth control. It is a polyurethane pillow-shaped sponge that has been saturated with nonoxynol-9 spermicide. One side of the sponge has a concave dimple that fits on the cervix. The other side has a loop attached to help with removal. Not only does the spermicide block the sperm, but the sponge also absorbs it. The effectiveness of the sponge is 75 percent with consistent and correct use. It

is advisable to additionally use a condom to reduce the risk of pregnancy or disease.

Because the sponge is one-size-fits-all, no medical appointment is necessary. Sponges can be easily purchased without a prescription at drugstores which is an advantage for women who are uneasy about talking to their doctor about birth control or who only engage in intercourse sporadically. Here are some other benefits:

- it is not messy
- does not require applicators
- provides some protection against STDs
- can be inserted hours before
- effective for 24 hours, no matter how many times you have sex

Some of the main disadvantages:

- cannot be used during menstruation (possible toxic shock syndrome)
- may produce vaginal discharge or odor
- may be difficult to remove
- may be dislodged
- may tear when removing

If you have a history of Toxic Shock Syndrome or have an unusually shaped vagina, the sponge may not be advisable for you. Even though the sponge can be bought without consulting a health care provider, it is still a good idea to check with her or him about how to use it properly and possible side effects and danger signs.

The sponge should be moistened with water and then inserted much like a tampon. It is vital that the sponge remain in place for six hours after sex so that the spermicide can kill off all the sperm. However, the sponge should not be left in for more than 24 hours continuously.

Because the sponge is so new, studies on its effectiveness and health risks are not conclusive. The sponge may be the perfect temporary solution, but it may be risky to use it all the time. The effectiveness of the sponge is increased when used in conjunction with a condom to reduce risk of both disease and pregnancy.

Norplant

Norplant is a long acting, reversible, hormonal contraceptive that has recently been approved for use in this country. It has been tested for 20 years in 46 countries, where it has been used by over 500,000 women. It is considered one of the most important advances in birth control since the introduction of oral contraceptives.

Norplant consists of six capsules of levonorgestrel, a type of progestogen which is inserted under the skin in six slender capsules in a

woman's upper arm. It is a new method of delivering small doses of progestogen. Instead of taking a pill in the morning or evening and having a peak and a trough during the day, you get a constant low dose release.

Advantages:

It is effective for up to five years. Norplant failures are rare. The contraceptive effect is easily reversible with implant removal. Because Norplant contains no estrogen, it has no estrogen-regulated side effects. The implant site is comfortable and barely visible.

Disadvantages:

The contraindications are similar to those of the combinations oral contraceptives. Its most common side effect is menstrual irregularity. These irregularities usually subside after three to six months. The user may find the implants barely visible.

Initial expenses are higher than for short term methods. The cost for the procedure is around five hundred dollars. More specifically, it is \$573.00 at Duke/ OB Gyn Clinic, \$575.00 at Duke Family Medicine, and \$470.00 at Planned Parenthood of Durham (which charges on a sliding fee). The cost is not covered under the Student Health fee. Discontinuation of the method requires minor surgery.

Other Methods of Contraception and STD Prevention

This chapter has only fully explained the most effective and most popular methods of birth control available. Withdrawal, or *coitus interruptus*, is not effective because the pre-ejaculatory fluid contains sperm and because men can easily fail to withdraw in time. As mentioned before, the rhythm method is too difficult to predict. The IUD is not recommended for college-aged women. There is a "morning after" pill available, which is actually a series of pills that must be started within 72 hours of unprotected intercourse in order to be effective. It is only meant to be used for emergency situations. The dental dam, a square of latex held in place over the vulva while performing oral sex on a woman, is another means of preventing STD transmission. Other preventive methods are in the process of being tested by the FDA. These include the female condom, RU486, and the three-month injection, Dipropevara.

The only 100 percent effective way to ensure that pregnancy will not occur is by practicing abstinence, and this should not be underrated or scorned. It is something more and more women today are choosing to do, especially with the fear of HIV Disease and other STDs. Do not feel pressured to engage in a sexual relationship if you do not feel comfortable; remember, it is your body!

A final note on contraception: If you are sexually active, make sure you share responsibility for birth control with your partner. Discuss the options, risks and costs to help decide what method best suits your needs. Some additional sources of information on birth control are: *Our Bodies*,

Ourselves, PISCES, Student Health Education, 684-3620 ext. 325, Healthy Devil Health Education Center, 113 House O, Kilgo Arch, 684-3620 ext. 397 and Planned Parenthood, 820 Broad Street, Durham, 286-2872.

SEXUALLY TRANSMITTED DISEASES (STDs)

Because we live in a sheltered environment here at Duke, many of us think that we are protected from some of the harsh realities of life such as STDs. Unfortunately, we are just as vulnerable to them as anybody, and we need to take steps to guard ourselves against them. By far the most important step is awareness.

STDs have been in the spotlight more in the past few years than ever before. HIV Disease, herpes, and other diseases have been on the covers of national magazines and on TV news. Estimates of STDs which threaten the health of Americans, primarily adolescents and young adults, have increased each year to over 12 million cases. Along with the social stigma attached to STDs has come a tradition of rampant misinformation. The best way to deal with STDs is to arm yourself with up-to-date, reliable information and to keep communication open on the subject. It is vital that we talk about these issues in our relationships and seek help right away if we suspect a problem. One thing to keep in mind though – people do not always tell the truth, especially about things as personal as past sexual encounters.

The good news about STDs: risk of transmission can be decreased by using a latex condom and spermicide containing nonoxynol-9, and many of them can be completely cured if detected early and properly treated. Since it is common to be infected with an STD and not show symptoms, it is important for sexually active women to get routine pelvic exam and pap smears.

For more information about STDs and prevention, call the National STD Hotline at 1-(800)-227-8922 or Student Health Education 684-3620 ext. 325, 397. They can answer questions, send free pamphlets, and give referrals to local testing sites or support services.

Chlamydia

Chlamydia is the most prevalent of all STDs, though relatively few people have heard of it. It is more common than herpes or HIV; about four million Americans get Chlamydia each year. It primarily affects women and men in their late teens and early twenties. Ten to 15 percent of all college women have had Chlamydia.

Chlamydia is a bacterial infection that can be of great concern because frequently, especially in women, there are no obvious symptoms. Eight out of ten women with Chlamydia do not know they have it.

For women, symptoms include genital itching and burning, pus-like discharge, pain in the pelvic area, and/or bleeding in between periods. In

men, there may be a slight discharge and/or painful urination. These symptoms usually show up about one to three weeks after contact with an infected person.

Chlamydia can be cured with antibiotics. It is important that you notify your partner if you discover that you are infected because both of you must be treated. If left untreated, Chlamydia can cause PID (Pelvic Inflammatory Disease) which may lead to infertility, sterility, or ectopic pregnancy (tubal pregnancy).

Herpes

Herpes is probably one of the most distressing STDs because there is presently no cure for it. There are two strains of the Herpes Simplex Virus: Type I, usually oral, and Type II, usually genital. A person can be infected with either strain of the virus anywhere on the body, but it is usually transmitted through contact between the mucal membrane areas (mouth, genitals, anus).

The herpes virus causes sores and blisters around the mouth (cold sores and fever blisters), genitals, and anus, or sometimes elsewhere on the body. Other symptoms include enlarged lymph glands, fatigue, and flu-like symptoms. The first outbreak is usually the most severe, with symptoms of fever, headache, muscle aches, and problems urinating. Herpes often recurs, but succeeding outbreaks are usually much less severe and will recur less often.

Treatment can soothe the symptoms and can help the outbreak heal more quickly, but it cannot make the virus go away. Women have to be especially careful since herpes is associated with an increased risk of cervical cancer and there is a slight risk of transmitting it when they give birth. It is vital to see a doctor as soon as blisters or symptoms appear, since a Acyclovir, or Zovirax, can reduce both the frequency and severity of outbreaks. You can keep outbreaks in check by keeping the infected area clean and dry and by refraining from touching the blisters. When any symptoms of an outbreak are present, sexual contact should be avoided to help prevent spreading the disease. Also, since a person might not always be able to tell when she is infectious, it is advisable to tell her sexual partners. Allowing a partner to make informed decisions is a vital part of any sexual relationship.

Between outbreaks, it is unlikely but still possible to spread the virus. A latex condom or dental dam used with spermicide containing nonoxynol-9 will greatly reduce the possibility of transmission. There are many people who have learned how to deal with herpes in their life, and many of them are involved in satisfying relationships. For more support and information see your student health provider or contact: Student Health Education 684-3620 ext. 397; Planned Parenthood provides a weekly Herpes Help Group contact 929-5402; National Herpes Hotline: 1-(919)-361-8488 (Mon. -Fri. 9a.m. - 7p.m. EST).

HPV Genital Warts

Genital warts are the fastest growing viral STD.

Human papillomavirus (HPV) is the virus that can cause warts anywhere on the body. Condyloma is the term for the strains of the virus that occur in the skin tissue of genital, anal, and possibly oral areas and can cause the appearance of genital warts. The viruses are spread through direct skin to skin contact, usually between the genitals, anus, or mouth. They can cause itching and burning but are often asymptomatic, which means that people can unknowingly pass the virus to a partner even if they don't see any symptoms on their skin surface.

If a sex partner has been diagnosed with condyloma or genital warts or if you notice any unusual growths near your sex organs or anus, get them checked out immediately. Warts can be removed by Cryotherapy (freezing), laser surgery, or different acids. Several treatments might be needed to remove all signs of the warts. Care must be taken to avoid sexual contact until the warts are cleared up. Since there is no guarantee that all of the virus has been removed from the skin tissue, latex condoms are best used for future sexual encounters. Condoms, however, are not fully protective against HPV. Some types of human papilloma virus have been linked with cervical cancer in women. Therefore, frequent and regular PAP smears are vital for women diagnosed with genital warts.

HIV Disease and AIDS

AIDS is short for Acquired Immune Deficiency Syndrome, and it has become one of the nation's most serious health problem.

AIDS is caused by a retrovirus (Human Immunodeficiency Virus – HIV) that can only live inside the body. It is present in and can be transmitted through the body fluids (blood, semen, vaginal secretions) of people who are infected, whether or not they show symptoms. Many of the symptoms of AIDS are flu-like ailments: excessive fatigue, fever and chills, weight loss, enlarged lymph nodes, sore throats, persistent cough, prolonged diarrhea, and purple, blotchy skin. If you have any one or a combination of these symptoms for more than two weeks, get a medical exam. Never hesitate to get checked out if you are worried. Even if the problem is not related to HIV, you might still need medical attention.

Perhaps the biggest area of misconception about HIV disease lies in the methods in which it can be transmitted. The only known ways that the virus can be transmitted are through semen, blood, and vaginal secretions. The virus can live in saliva, tears, breast milk, urine, bone marrow, and lymph nodes, but no one is known to have ever contracted the disease through coughing or sneezing, toilet seats, drinking cups, swimming pools,



AIDS cannot be transmitted through shaking hands or breathing or casual kissing. It can be passed through oral, vaginal, and anal intercourse and sharing intravenous needles. Certain sexual acts are more risky than others. It is important to practice safer sex, and this takes communication with your partner.

What do all these facts mean to us as women? Several years ago, it seemed that HIV disease affected mostly gays, bisexuals, or intravenous drug users. However, the virus can be transmitted between people with all different sexual orientations and habits. Always use latex condoms if either you or your partner has ever had sex with someone else. One way to approach talking about precautions is to say, "I am concerned about protecting myself because I have heard so much about HIV/STDs." A phrase like this could lead to a lifesaving conversation.

Using a condom is wise even if you are confident that your non-monogamous partner is safe. The test for HIV antibodies is usually reliable after 3-6 months from exposure. However, HIV antibodies can take up to a year to develop, the results from HIV Disease testing are not 100 percent reliable. You should be sure to consult a knowledgeable health care professional for advice before undergoing testing. Also, regardless of whether the test results are positive or negative there are possible negative implications from having the test done. Some employers and insurance companies discriminate against those who have been tested. It is advisable for someone at Duke who wishes to be tested anonymously to go to the Durham County Health Department, 414 E. Main Street, Durham, 560-7600, 8:30-11:00 and 1:00-4:00 Monday through Friday.

Questions about testing can be discussed anonymously with a

Student Health Educator (684-3620 ext. 325) or a PISCES educator (684-2618). You can also call one of four AIDS hotlines: Center for Disease Control (1-800-AIDS); Public Health Service (1-800-477-AIDS); National Gay and Lesbian Task Force and AIDS Crisis (1-800-221-7044); and the National AIDS Hotline (1-800-342-AIDS).

Gonorrhea

Gonorrhea is a bacterial infection which can be transmitted only through sexual contact. Unfortunately, most women experience no symptoms, making detection difficult.

If women do experience symptoms, they include vaginal discharge, abdominal pain, and fever. In men, gonorrhea produces a yellow-green discharge from the penis. Urination is usually painful and the tip of the penis may be red and swollen.

Gonorrhea can only be tested by taking a cervical smear from the female or a sample of the male discharge. If the tests are positive, penicillin will be prescribed. It is very important during treatment to abstain from intercourse or oral sex. If untreated, gonorrhea can cause sterility or heart problems. Also, there is no immunity from gonorrhea and one person may get it several times.

Syphilis

Syphilis is an infection caused by a bacteria that enters the body during sexual contact and invades the blood and lymph systems. Syphilis has three stages, and like chlamydia, symptoms may never occur.

In the first stage, nine to 90 days after contact, painless sores are produced on the genitals or mouth. In women these sores may be difficult to see if they are internal. Though the sores may disappear, the infection is still alive. The second stage may start from one to six months later and is highly contagious. Symptoms may include a body rash, sore throat, painful joints, and hair loss. The symptoms are varied and may occur periodically over many years. The third stage is very severe and may cause permanent damage to the heart, blood vessels, and brain.

If you think you have syphilis, go to your doctor for a blood test. Syphilis is most effectively treated in the first stage.

My fear of sexually transmitted diseases has really influenced my sexual behavior. I used to think that I would never get an STD, even if I wasn't using condoms. I don't know why I believed this because I am fully aware that every sexually active person (not using condoms and not in a monogamous relationship) is vulnerable to STDs. Still, for some reason, I felt like I was immune. My best friend contracted genital warts from her boyfriend. It really hit home to have someone so close to me get such a serious disease, and the

situation is especially terrifying to me because the virus that causes the genital warts will never go away. Because of this, my attitudes towards sex have changed and I now practice safer sex. I would rather be inconvenienced by a condom than by an STD that could jeopardize my health for the rest of my life.

Trinity '93

NOTE: If you have had unprotected sex or experienced a contraceptive failure (for example, if the condom broke) contact Student Health (684-3620 ext. 325) or the Infirmary (684-3367) within 72 hours to discuss additional protection against pregnancy.

SEXUAL DYSFUNCTION

Sex can both enrich and complicate an intimate relationship. Satisfying sexual relationships usually are the result of experience and learning. It helps to know what happens to your body and your mind, as well as what happens to your partner's, during sex. Sharing with your partner what you like or what you feel uncomfortable with can make sex a much more pleasurable experience.

Sexual dysfunction is a term encompassing all the things that can go wrong during sexual activity. Most people at some time in their lives experience some type of sexual dysfunction. Here are some of the most common sexual dysfunctions in women.

General Inhibition

The term *frigidity* has been used for this problem, but this has an unnecessarily demeaning connotation. General inhibition simply means that a woman does not feel enough sexual excitement to initiate physiological arousal (lubrication, etc.). Therefore, even if sexual activity continues, the woman will not experience orgasm.

Often, women in their first sexual relationships do not feel genital arousal. This usually improves as you feel more confident about sex. General inhibitions may also be a result of moral conflicts, social pressures, and anxiety about sex and sexual identity.

Orgasmic Dysfunction

Even if a woman is aroused, she is sometimes unable to achieve an orgasm. Some women have never had an orgasm, while others have but later are unable to. This problem can be very frustrating. Most experts say that the major cause is being overly concerned with having an orgasm; some

women make it their main goal. In this situation, sex loses its pleasure and becomes a chore. Another cause may be a partner who is selfish, overeager, or insensitive.

If you are having a problem reaching orgasm through any method of stimulation, talk it over with your partner. Try to forget aiming at orgasm and just enjoy yourself without worrying about reaching a climax. If you still have no luck, seek out a doctor, health counselor, or therapist. Sometimes there are underlying emotional reasons for not being able to have an orgasm, and you will probably feel less anxious if you discuss them.

Vaginismus

Vaginismus is the painful contractions of the muscles that surround the vagina. In some women, they are mild; in others, the contractions are powerful and very painful. There are both physiological and psychological causes for this disorder.

Blocking scar tissue or unlubricated mucus membranes may be responsible. A physician will be able to see if these are the reasons. Women who are too tense, fearful of pregnancy or uncomfortable sometimes just cannot relax those muscles. Some women have inhibitions formed from emotionally disturbing sexual experiences like abuse or rape. These emotions manifest themselves physically by making intercourse painful or impossible.

Talking out your fears, using contraception, and communicating your anxieties may alleviate the pain. If you cannot sort out your feelings, consider talking to a doctor or a therapist.

Sexual dysfunctions can be very frustrating and painful. However, in most cases the problems can be solved. Do not be afraid to admit to yourself or someone else if you think you have a problem. Openness is the key to restoring sex to a pleasurable experience.

PREGNANCY

Early Signs of Pregnancy

The following signs may suggest pregnancy:

- missed period
- breast tenderness and swelling
- queasiness, nausea, or vomiting
- frequent urination
- slightly elevated body temperature
- mood swings

- weight gain

Most women begin to experience pregnancy symptoms two or three weeks after conception. The symptoms above are not definite indicators of pregnancy, nor does the lack of them indicate that you are not pregnant. If there is a possibility that you might be pregnant and you experience any of these symptoms, it is best to be tested.

Pregnancy Testing

If you are exhibiting some of the signs of pregnancy, you have two choices. You can initially take a home pregnancy test, or you can go directly to the Healthy Devil Health Education Center, 113 House O, 684-3620 ext. 397 for a free, confidential pregnancy test.

About Home Pregnancy Tests: Home pregnancy tests may be less accurate than urine tests done in a clinic. Using home tests initially may be beneficial in that they allow women to think about the implications of a positive or negative test result in the privacy of their own home. Home tests permit a sense of control over the situation which can be psychologically helpful to those who want to ease themselves into accepting a possible pregnancy. The major disadvantage of these tests is that you may be lulled into a false sense of security by a negative result and may lose decision-making time if you are in fact pregnant. Therefore, you should verify results with a test done in a clinic.

About Pregnancy Tests at Student Health: Urine tests at the Healthy Devil are covered under your student health fee and can determine quickly and accurately whether or not you are pregnant if your period is at least seven to ten days late. You do not have to make an appointment to have a pregnancy test performed. You can go directly to the Healthy Devil Health Education Center or call for an appointment 11:00-4:00 Monday through Friday. The test is done quickly, and results are available in 5 minutes. Immediately following the test you may have a discussion of the results with a health educator. Women who have been through this process report that it is done in a very supportive, non-judgmental manner.

Keep in mind that urine pregnancy tests are not 100 percent accurate. To increase the probability that the urine test – conducted at home or at the clinic – is as accurate as possible, follow these general guidelines:

- Have the test done seven to ten days after your period was due, at the *earliest*.
- Make sure that test is performed on urine when it is most concentrated. Early morning urine is best.
- Don't use alcohol or drugs (even large amounts of aspirin) the day

before and the day of the test.

- Use only fresh urine.
- Use a fresh and uncontaminated container in which to place the urine.
- If doing a home pregnancy test, make sure to follow the directions exactly.

NOTE: It is *extremely* important to get accurate tests done as soon as possible. When faced with an unwanted pregnancy you will need as much time as possible to make a decision.

If the Test is Negative: Because the pregnancy test is not 100 percent accurate, you may want to have a second one done several days later if you have not started menstruating or are experiencing symptoms of pregnancy. This is a good time for you to re-examine your method(s) of birth control. Should you and/or your partner change your methods of contraception? You can (in fact, they ask that you do) talk to a female health educator at the Healthy Devil Health Education Center concerning these issues after the test (no matter what the result). She/he can answer questions, offer suggestions about different contraceptives, and discuss emotional reactions to the experience which you might want to share.

If the Test is Positive: Knowing you are pregnant can be traumatic. Some women are shocked and numbed emotionally after receiving the news. Others are overwhelmed by battling feelings of anxiety, depression, anger, guilt, doubt, and pleasure. It is not unusual for a woman to be extremely angry that her supposedly reliable birth control method has failed her. Some women may also be angry with themselves and/or with their partners for either not using birth control effectively or not using it at all. If the conception occurred when the woman engaged in sexual intercourse against her better judgment, she may now feel guilt and regret. Some women think that their pregnancy is a punishment for sinful and immoral conduct.

Along with these negative feelings some women also experience a host of positive and pleasurable feelings when they learn that they are pregnant. If they have deep feelings for their partner, these positive feelings are enhanced. For most women, being pregnant means a realization of their body's potential. These conflicting feelings can create ambivalence which is difficult to cope with.

It was one of the first days of my first year at college when I took the home pregnancy test which showed positive. I had just arrived a couple of nights earlier and had never felt as lonely or scared. When the test showed positive, I actually felt a strange sense of relief because I had spent the past

month alternately worrying, denying, planning, and trying to convince myself it wasn't true.

Trinity '89

Women are often not prepared for the good feelings they might have when they are pregnant. Most of us are sure that we would definitely choose one certain route. In reality, we are often faced with conflicting feelings toward pregnancy. Even if we recognize intellectually that we must choose a certain path, it is not always easy to be emotionally comfortable with the logical decision we have made.

Choosing what course to take is difficult. One thing to remember: **never rush into a decision.** Take as much time as you possibly can to explore your options. If you have detected your pregnancy in the first trimester, a few more days will not make an abortion more dangerous, should you choose that option. The extra time will allow you to feel secure in the path you have chosen. The more comfortable you are with your decision, the less likely you are to suffer from emotional and psychological complications in the future.

Finding out that I was pregnant left me emotionally numb, rather than hysterical. I was fortunate to have already thought about what I would do if I got pregnant. The decision to have an abortion was pretty much the only viable option – I had a scholarship to Duke and my future was shining bright in front of me. Carrying a pregnancy through, even if I were to have given the child up for adoption, was just not a possibility for me. I made up my mind to have the abortion, and had all the arrangements taken care of, before I even told my boyfriend. I did tell my mother, and she was very supportive; she also helped me out financially and took me to the clinic.

Trinity '89

Try to go through your decision making process with a sensitive, yet impartial, individual who will listen to your feelings and concerns non-judgmentally and who will provide you with emotional support. A lover, boyfriend, or friend will have his/her own personal viewpoint and may want to pressure you into complying with what they think is right. Also, you may not want to jeopardize your privacy and your confidentiality about the situation. Letting someone else pressure you into making a decision may seem convenient at the time, but you may suffer for it afterwards.

It is important to face how you are feeling and what **you** think about the pregnancy. Help is available in deciding what to do. A health educator from Student Health can talk to you about your alternatives and the financial and service resources available to you at 684-3620 ext.325. CAPS (660-1000) also offers counseling and support.

Basic Questions and Considerations

Faced with an unwanted pregnancy, a woman's options include:

- carrying the pregnancy to term and keep the child as a single parent
- marrying the father and having the child
- giving the child up for adoption
- having an abortion

While deciding on a course of action, other questions often come into play:

Should I tell a good friend or friends? A lot of women confide in close friends – both female and male. A friend who is really supportive and understanding can be a great source of strength to a woman faced with an unwanted pregnancy. This person can also accompany you to the doctor's office or to an abortion clinic.

Should I tell my boyfriend or lover about the pregnancy? Should he have a say in my decision? How does this new situation change our relationship? Frequently our relationship with our lover or boyfriend will change once a pregnancy occurs, even if we decide not to tell him. Such a situation can place an enormous amount of stress on a relationship. A common complaint from women in this situation is that the man involved was not supportive and sensitive enough. Some women express anger and frustration with the fact that some men will never really understand what women have had to experience even if the men have tried to be supportive. Men sometimes accompany women to appointments with Health Educators and abortion clinics. This support can be comforting for some women.

Should I inform my parent(s) of the pregnancy? You should assess the closeness and strength of your relationships with your parents before making this decision. If you told your parents, they could be a source of financial and emotional support. If you decide to carry the pregnancy to term, you will eventually have to tell them. On the other hand, they can also be another source of stress and pressure placed on you. A lot of women simply decide to tell their loved ones, parents, and/or close friends about their pregnancy after they have made a firm decision so that they will not be swayed.

How can I pay for an abortion or support myself and my child during and after pregnancy? How will parenthood affect my education and future earning power? Financial expense will accompany any decision you make. Abortion has a one-time cost of at least \$300. Carrying the child to term incurs expenses for medical care and will require time away from school and/

or work. Keeping the child is a long-term expense and commitment, especially if you are a single parent. This choice may require leaving school for an indefinite period to seek full-time employment as a means of supporting you and your child. The availability and affordability of child care is also a necessary consideration. Your education and career options, as well as your lifestyle, must change to meet the increased demands of raising a child. You must balance economic considerations with your future physical and emotional well-being and find sources of financial support.

One source of economic relief is a Student Loan Fund which is administered by Lisa Barber, a health educator at Student Health. The fund allows any woman to borrow up to \$300 to have an abortion or up to \$1000 if she opts to carry the child to term. These no-interest loans are available to any Duke undergraduate facing a pregnancy. The loan must be paid back within nine months.

Counseling

Counseling before you make a final decision is recommended. The decision-making process is pressured by time constraints and is related to major, life-changing issues that most people find difficult to assess in such a short period of time. The goal of counseling is to clarify feelings about your pregnancy and to come a decision.

CAPS is an excellent place for a pregnant woman to begin her search for counseling. The counselors there believe that talking to someone before making a decision about an unplanned pregnancy helps to avoid or lessen negative psychological and emotional reactions. At present, CAPS sees more women after abortions than before. CAPS also provides partner counseling.

Carrying a Pregnancy to Term

If you decide to carry your pregnancy to term, it is important to see a physician within the first three months after conception to arrange for prenatal care. You should adhere to healthy eating, sleeping, and exercise patterns. Smoking, and the consumption of alcohol and drugs should be avoided. A decision to continue a pregnancy and put the child up for adoption should be made well in advance of the birth so that the necessary arrangements can be made. It is possible to change your mind once the baby is born, but it is not advisable. Before taking this important step, you should consider the possible psychological effects of parting with your child.

I was living with the baby's father, who was not a Duke student, in a house off campus when I became pregnant, so I was already cut off from the Duke community. Although I'm pro-choice, abortion was not an option for me.

Trinity '89

Problems to consider in keeping the baby include finances, child care, academic hardship, and your relationship with the baby's father. Financial support may be sought from family, friends, the father, or Durham County Social Services in some cases. If you take a job to support yourself, or wish to continue your education, you face the task of finding child care you are comfortable with.

My grades went down the tubes after my daughter was born. I went into labor during finals! Up until then, I had one B at Duke; now I've had a lot of C's. I've kind of put school on hold, because I can always pick it up later. My child is the most important thing in the world to me. I find myself staying home with the baby more and more, and I know this wouldn't have happened had Duke had on-campus daycare, so that I could drop by and see her between classes.

Trinity '89

Adoption is an option less frequently exercised among college-aged individuals, according to the Durham County Department of Social Services. However, should you decide this is best for you, their Home Finding Unit can arrange adoptions into families which contact them and other adoption agencies. Private adoption requires legal assistance to make adoption, protect you and the child and the adopting parents.

Listed below are places which provide pregnancy counseling and other services geared toward supporting women who want to carry their unplanned pregnancy to term.

- The Children's Home Society of North Carolina. The Society provides free testing and counseling on all alternatives. However, it acts primarily as an adoption agency, referring women to maternity homes and doctors in the area. Greensboro: 1-(800)-632-1400.
- Durham County Department of Social Services: 683-3550.
- Planned Parenthood of Orange and Durham Counties: 286-2872.
- Pregnancy Support Services (PSS), 121 S. Estes Drive, Suite 204-A, Chapel Hill. PSS is a Christian, pro-life service; however, their stated policy is to provide information regarding all options. They offer free maternity clothing, baby clothing, and other goods and services to women who carry their pregnancy to term. The majority of women from Duke who have gone to PSS for free testing and counseling have felt pressured to continue their pregnancies. For women who share the group's views, PSS has been very supportive: 493-0450.

Terminating a Pregnancy: Abortion

Student Health does not perform abortions. They do, however, refer Duke students to various community clinics and physicians who do perform abortions. Abortions are legal throughout the United States. Abortion is a lower medical risk than child birth.

Each clinic listed at the end of this chapter offers different procedures, types of abortions, and prices. Some clinics only offer first trimester abortions (up to 12 weeks after the last regular menstrual period or LMP), and others also offer second trimester abortions (from 16 up to around 24 weeks LMP). In some clinics, an OB/GYN carries out the abortions and in other trained practitioners specializing in abortions will perform the procedure. Various degrees of analgesic medication and anesthesia are used at different clinics.

Make sure you ask as many questions as you need to satisfy your concerns. Talk to women who have had abortions at the locations you are considering. Call the clinics, and, if possible, visit them before making a final decision as to which one is right for you. You have a right to be treated sensitively and with support. Don't allow your experience in the clinic to be any more unpleasant than it has to be. Bring a friend or relative with you; you may even want to have someone in the treatment room with you if the clinic allows this. In addition to providing moral support, they can take you home since you will probably be groggy from the effects of the medications given to you during the abortion.

A woman seeking an abortion is protected from harassment by health care providers under federal law. She must be presented with all of her options in an impartial manner. Many women (from a variety of backgrounds and in a variety of situations) may choose to have an abortion at some point in their lives. Local clinics and sources of further information are listed at the end of this chapter.

Different Abortion Procedures

Most clinics carry out a brief physical exam of the patient to determine vital signs and will conduct hematocrit, blood Rh type, and/or urinalysis testing. They will also perform another pregnancy test to confirm that the patient is in fact pregnant. Before the procedure, contraceptive information and counseling is also provided. Then the patient is given an anti-anxiety drug such as Valium intravenously. An analgesic such as Motrin is usually administered (in tablet form) and a local anesthetic such as Xylocaine is injected around the outside of the cervix.

The most common methods for first trimester abortions usually involve the dilation of the cervix through the use of metal rods and the suction evacuation (Vacuum Aspiration) and/or scraping of the inner walls (Dilation and Curettage) of the uterus. The most common method of abortion

currently in use combines the aspiration or suction of the uterine contents through narrow, flexible plastic tubes and a suction pump with the technique of scraping the uterine walls with a long, thin instrument with a metal loop on the end (called a curette). During the scraping and suctioning sections of the procedure, you may feel cramps equal or slightly greater than your worst menstrual cramps. After the procedure has been completed, you will be assisted to a recovery area. You are observed for two hours for unusual bleeding and then released to the care of a friend or guardian.

During the second trimester, abortion methods usually involve the injection of a saline or prostaglandin solution into the amniotic sac. These fluids in the amniotic sac cause the uterus to start contracting and to expel the fetus. This procedure is a higher medical risk than the first trimester and painful, as well as more emotionally traumatic, than a first trimester abortion.

How to Care for Yourself After an Abortion

Rest after the procedure for a day or two if possible. The possibilities for complications are reduced if you don't overexert yourself right away. Remember that in most cases the patient is responsible for paying any medical bills resulting from complications following an abortion. You should not do any heavy lifting or strenuous exercise for about a week. You will probably have some bleeding for a week or two after the procedure. The bleeding should not be heavier than your heaviest menstrual flow at any time. Your menstrual flow probably won't be normal, and you may pass clots. If you experience very heavy bleeding, it could mean that your uterine wall or cervix was perforated or torn accidentally during the procedure. Call the clinic if you are experiencing any problems.

Take your temperature regularly for the next week and take the antibiotics prescribed to you exactly as ordered. Do not have sexual intercourse, and do not take baths, douche, or use tampons for two weeks. If you have any signs of fever, call the clinic. You may be suffering from an infection, another possible complication. If you have cramps, use aspirin and other analgesics to relieve the pain. Hot compresses, massages, or a heating pad may also help. If the cramps become severe, contact the clinic. Mild nausea and vomiting are not uncommon after this procedure. Symptoms resembling "morning sickness" should disappear within a week. Continued morning sickness may indicate a failed abortion, and you may need to go in for a second, usually more abbreviated abortion.

You will want to make plans to use a reliable form of contraception as soon as possible. Pills should be started the first Sunday following the procedure. You may want to pick up diaphragms and condoms (usually free) when you go in for your two-week, follow-up appointment. You will also have a pregnancy test and physical exam during that time. This follow-up exam is usually included in the price of the pregnancy termination procedure.

Have your sexual partners use condoms after the procedure even if you are protected by another contraceptive device or by pills, and take your antibiotics until they run out. These two precautions will continue to protect you from the risk of an infection.

NOTE: The complications mentioned here are very rare. In fact, the risk of complication occurring for an evacuation type abortion done early in the first trimester is about equal to that of a tonsilectomy.

Some women who have had abortions have had to deal with some residual psychological after-effects. They feel depressed, achy and crampy, and generally unwell. A component of these feelings is, of course, the physical trauma their bodies have experienced. Another component is a general sense of unease and guilt for having terminated the pregnancy. Some women may fear that they will not be able to have children after having an abortion.

Sometimes there is an unconscious desire in a woman to prove to herself that she is still fertile, and this can lead to a second unplanned pregnancy. It is therefore important to start on a regular program of reliable contraception. Some women may not want to have sex for a while following the procedure. They may feel disinterested in or even repulsed by sex, because they associate it with their experience of having an abortion. It is important to be patient with yourself and for your partner to be patient and understanding of what you are feeling. You must let your body and mind heal, and in time you will learn to deal with your experience of having been pregnant and choosing abortion as the best alternative for yourself.

Afterwards I was relieved, relaxed, free of the past month of anxiety and turmoil. I felt a strange feeling in the next few months like I was living a double life and that no one knew the real me. Later when I told close friends of my experience it was as if I was telling a story. Three years later, I don't feel ashamed but rather want to share my experience.

Trinity '89

Many women tend to bury deeper feelings concerning what they are experiencing. Sometimes much later, these repressed feelings are triggered by something they see or feel. Some women have experienced residual fits of depression six months, nine months, or a year (the anniversary reaction) after the date when they had the abortion or when the conception occurred. A lot of these women don't even know the reason for their depressions. If you felt depressed after an abortion, you are not alone. One way of resolving these feelings is by talking about the abortion with a trusted friend or professional counselor.

The clinic was effective in that it provided counseling before the abortion and it was done in groups providing a feeling of comradeship in a way. I was the last to enter the room where the group was waiting and as women shared their experiences I became angry and distant because they seemed to be taking the situation too lightly. I tried to separate myself from them in my mind and place myself above them in a desperate attempt to separate myself from the operation that was about to be performed on me. This attitude deprived me of the relief and comfort of a shared experience which the atmosphere was supposed to provide.

Trinity '89

For further information on abortion and abortion clinics:

Unless specified, the clinics listed below only perform abortions in the first trimester of pregnancy. Usually, local anesthesia is used to numb the cervix, and analgesics (pain-killers) are given for cramps. Most clinics charge \$200 - 300 for a first trimester abortion, and will expect payment in cash when the patient comes in for the abortion. Although there are other clinics in the area, the ones listed below are those that students have reported success with in the past.

- Duke Medical Center Ob-Gyn: Private Clinic: 684-2471, Public Clinic: 684-3533.
- Duke Medical Center Women's Clinic: 684-5322.
- Eastowne OB-GYN 493-8466, 180 Providence Road, Suite 3, Chapel Hill.
- The Medical Care Center. Suite 3004, 3622 Lyckan Parkway. 489-5300. Performs abortions through 20 weeks.
- Planned Parenthood, 820 Broad Street, Durham, 286-2872. Referral only.
- Raleigh Women's Health Center/Abortion Clinic. 3613 Hayworth Drive, Raleigh (919) 781-5550.
- Student Health Education. Elba Street. 684-3620 ext.325. Pregnancy options information and referral only.

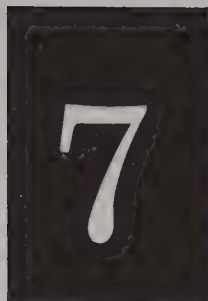
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Violence Against Women



This section includes discussion about a range of types of victimization of women. Sexual harassment, gender harassment, and rape all limit the physical, psychological, and academic space women rightfully occupy. These crimes cause intimidation, fear, and anxiety either directly when women are victims, or indirectly when we attempt to avoid victimization: Even if you are never a victim of sexual violence, the threat of rape or harassment can limit your freedom throughout your life.

The dilemma we face is not easy to resolve. Some women try to relieve the problem by making a point not to walk alone, go to kegs and drink alone, or leave doors unlocked. However, unconsciously women may condone inappropriate behavior by frequently refraining from asserting their opinions to male peers, even when they feel they have been wronged. Our culture tends to encourage this type of submissive female role. *Sexism*, the belief that the male sex is inherently superior to the female sex exists in many aspects of our society, including the academic and job worlds.

The solution to these problems is not to lock ourselves away or to withdraw from discussions of these issues. Rather, women must take reasonable precautions to protect themselves and at the same time work toward a culture that does not condone such victimization of women. The first step in realizing these goals is for us to be aware of the dangers that exist for women today.

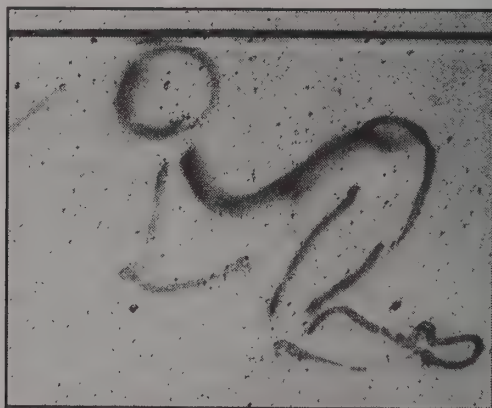
SEXUAL HARASSMENT

Sexual harassment is a serious issue facing women and men in our society. It is a power issue in which the harasser asserts dominance by introducing a personal element into a normally sex-neutral situation. Sexual harassment happens on every campus in the United States, it happens at Duke, and it happens to both sexes, although it is primarily directed against women.

At Duke, sexual harassment occurs when ...

a professor, student, employee, teaching assistant, visiting lecturer...

- makes comments that divert attention from a student's work to her physical attributes.
- stares, leers, ogles.
- touches a student excessively.
- makes sexual advances.
- solicits sexual activity by promise of reward.
- threatens punishment, particularly in connection with grades.
- commits sexual assault or rape.
- treats female students as sexual entities or potential dates (in the classroom) rather than academic peers.
- focuses attention on women as sex objects by making demeaning sexual jokes.



**Pornography/Art/ Graffiti on the
Bryan Center Walkway**

Effects of Sexual Harassment in the Classroom

Regardless of its form — overt physical conduct or subtle verbal innuendo — sexual harassment has serious effects. It can destroy a sex-

neutral student- teacher or student-student relationship, confuse the student about her academic status and ability, and obscure or deny proper academic recognition. It disrupts a healthy scholarly environment, and it robs students of the very educational experience in which they are investing significant time, energy and money. In short, sexual harassment in the classroom is annoying, degrading, abusive, and academically and psychologically damaging; sexual harassment is **illegal**.

Title IX of the Education Amendments of 1972 prohibits sexual harassment of students.

The relationship between mentor and student is oftentimes complex and confusing. The situation, in which the student is usually hoping to garner recognition, approval and guidance from the professor, is one that can be exploited and abused. In any relationship where the power differential is drastically off balance, it is imperative that individuals, whether they be tenured professors, teaching assistants, employees or other students, be extremely aware of applying any unfair pressure, of creating a potentially threatening environment or of conveying inappropriate signals.

At this time, Duke does not have a universal training or awareness program that educates its educators about the oftentimes confusing issue of sexual harassment. For this reason the Duke community may seem unopen or even hostile to suggestions that students are indeed harassed here. Thus, it is all the more important that students both female and male educate themselves and others in the community with sensitivity and common sense: to recognize the quiet yet insidious and damaging strains of sexual harassment that can pervade our campus, to bring them to the attention of the perpetrators and appropriate authorities, and to resolve them in the most constructive way possible.

Some male teachers may be so cautious or concerned about the possible implications of a friendship with their female students that the women are shut out from the friend/teacher relationships that provide an invaluable learning experience for students. The result is that female students are afforded less academic opportunities than their male peers, and fewer opportunities to obtain good job recommendations.

Whether we are confronted with overt sexual propositions or are left alone because professors fear how their actions will be interpreted, as female students we face unique obstacles in our pursuit of educational and professional goals. Sexual harassment is not, of course, solely a women's issue. Women and men suffer under a system that often fails to address the problem or to provide legal recourse.

Duke's Official Definition of Sexual Harassment

The Duke Policy regarding sexual harassment of students reads:

Sexual harassment of students in an academic environment is understood to be the intentional misuse of authority by a faculty member or an administrator by conduct focusing on the sexuality of a student in the academic context.

Sexual harassment can take a variety of forms, from verbal suggestion or innuendo and repeated physical overtures to requests for sexual relationships accompanied by implied or overt threats or inducements concerning a student's grades, recommendations, academic progress, or professional standing.

Sexual harassment may be egregious or less serious. Regardless of degree, it abuses academic relationships and has no place in the University. The procedures followed at Duke University are designed to provide a forum for informal exploration and resolution, mediation, counseling, fact-finding for determining probable cause as well as for the imposition of appropriate sanctions. Sexual harassment may rise to the level of misconduct justifying dismissal.

Copies of both the student and the employee policies may be obtained from the Women's Studies Program Office (207 East Duke Building: 684-5683), the Women's Center in Few Fed and the Office of Student Life. You may obtain further information about sexual harassment from a reference packet available at the Reference Desk and Public Documents in Perkins.

What We Can do to Combat Sexual Harassment

There are four progressive steps to take when you are confronted with sexual harassment:

1. Talk to the professor or staff person. Carefully and explicitly explain why you consider the particular comment, joke, course material, or behavior in question sexist and offensive. Often people are unaware of the effect their casual remarks have on others and highlighting the potentially offensive nature of their words or actions is instrumental in preventing such action in the future.

Prepare ahead of time for the meeting with documentation (e.g. class notes, tapes, specific comments that have been made). Sometimes people don't understand the seriousness of sexist remarks. It might be helpful to draw the analogy of racist or anti-ethnic remarks — "Would you make fun of a person's skin color or ethnic background? Then why do so with gender?" You may wish to approach your professor with other concerned students or through a mediator (e.g. another faculty member or the department chair).

2. Contact members of the Committee on Sexual Harassment.

Members of the Duke University Committee on Sexual Harassment are available to discuss any incident with you that you perceive as sexual harassment. Confidentiality is assured. You will not be required to file an official complaint unless you choose to do so.

Contact:

Jane Clark Moorman	215 Anderson St., 684-5100
Margaret Bates (ex-officio)	212 Allen, 684-5830
Richard Cox	209 Flowers, 684-6313

In addition, you may contact:

CAPS:	Elinor Roy-Williams, 684-5100
The Divinity School:	Dr. Paula Gilbert, 684-2603
Medical School:	Dr. Lois A. Pounds, 684-2498
Minority Affairs:	Dr. Caroline Lattimore, 684-6756
Student Life:	Dean Sue Wasiolek, 684-6488

The committee on sexual harassment believes that incidents of sexual harassment are best resolved with open channels of communication between the individuals or parties involved. They understand however the uniqueness of every case and respect the decision of those who decide not to press charges. In all cases where harassment is suspected, however, the committee strongly encourages individuals to file complaints whether they be signed or anonymous. The filing of anonymous complaints is vital to the university community in that (1) statistics concerning harassment can more closely reflect reality and (2) the histories of repeat offenders or perpetrators of sexual harassment are recorded and taken into consideration.

3. Write a letter to the offender citing the incidents and explaining their offensive nature. Letter writing puts you in control of the situation and enables you to channel your frustration toward correcting the harassment. It gives you time to plan exactly what to say and provides the harasser with a new perspective on his or her behavior. Many women at universities across the country find this an extremely effective method of dealing with harassment. The *Project on the Status and Education of Women* suggests the following three-part format for letters:

Part I. State the facts of what has happened, without evaluation, as you perceive them. This should be as detailed and specific as possible, including dates, places, and a description of the incident(s):

• "On September 29, 1986, when I met you for a conference about my thesis, you invited me to your apartment and said it would help my grades."

Part II. State how you feel about the events described in Part I such as fear, dismay, distrust, or lack of concentration, and include your opinion about what has happened:

- "I am embarrassed and uncomfortable when I see you."
- "You have made me think seriously about transferring departments."

Part III. State what you want to happen next. This part may be very brief because most women simply want the behavior to stop:

- "I want our relationship to be purely professional from now on."
- "I don't want you ever to touch me again or make remarks about my sexuality."

Deliver the letter in person — you may want a friend or colleague to accompany you — or send it by registered mail. *Keep a copy of the letter for your own files.* If the letter fails to achieve its purpose — although letters have proven very successful in stopping harassment — your copy may be used to support a formal complaint or lawsuit.

If the harasser fails to rectify the offensive behavior and the harassment continues, you are urged to contact the Committee on Sexual Harassment and to file formal charges.

4. File a formal grievance or complaint. Contact the Committee on Sexual Harassment or CAPS (660-1000), and they will guide you through the process of filing charges. Meeting with a committee member does not require you to file charges, but it will enable you to define the nature of the offensive behavior and decide how to rectify it.

Why are women often reluctant to talk about sexual harassment?

In the past, women who have spoken out have been ignored, discredited, or accused of misunderstanding a professor's or superior's intentions. Fearing these kinds of repercussions, many women remain silent about sexual harassment. Unfortunately, many University officials believe that the absence of complaints indicates the absence of a problem.

Like rape, sexual harassment has been treated as a joke or blamed on the victim herself. Because of the long history of silence or misinformation about sexual harassment, many of us feel uncomfortable, embarrassed, or ashamed to talk about personal experiences with harassment. We might fear it will reflect badly on our character, damage our grades or position at work, or that we will be blamed for somehow inviting the propositions.

The most critical advice many past victims of sexual harassment give other women is: **TRUST YOURSELF. IF YOU FEEL YOU HAVE BEEN HARASSED, YOU PROBABLY HAVE.**

If friends or professors do not sympathize with your sense of injustice and abuse, it can be disconcerting. If this happens, find people who will support you. Contact the Women's Center, talk to people living in the Women's Studies Dorm ... remember to trust your instincts and speak out!

The following is a partial reprint of an article entitled "Learning a lesson of harassment the hard (but lucky) way" written for *The Chronicle*:

Between plays in the Iowa-Duke game last week, one of the commentators revealed that a star Iowa player had not played in the last four games because "he had a little problem with his girlfriend, had a few misdemeanor charges filed against him."

The sportscaster's flippant remark neatly dismissed a serious crime. The largest portion of assaults on women take place at the hands of men they know and trust: husbands and boyfriends. A recent study found that one in five women will be assaulted each year. This seems to indicate that violence against women is at an all time high, an assumption which is only slightly mitigated by the fact that education programs have resulted in a higher rate of reporting of assaults. Certainly, the current hot topic is date rape, and these assaults are being reported for the first time. But as much as people seem to have a higher awareness of the problems of male-female violence, their attitudes toward the problem haven't changed very much.

*Elena Broder
Trinity '91*

Towards the beginning of my freshman year, I had a rather disturbing experience as a member of the Society of Women Engineers. Oddly Enough, SWE had one male member, B., a graduate student in Engineering. I had only been to one meeting, and so I was very surprised when a man called me, identifying himself as B. from SWE. He proceeded to ask me out to dinner and a concert. Suspicious, I asked him how he got my number. He said that he had utilized the database that he had volunteered to make for SWE. Upon hearing this, I declined his invitation, and he became very rude. As I was standing in the hallway talking, I discovered that B. had phoned seven other women on my hall with the same intent. Two days later, eight women freshmen met with the dean to file a formal complaint against B. The dean downplayed the incident, and then asked, "Well, what do you want me to do?" The fact that this was not the first time B. had done this was of no importance. The dean did mention this to B.'s supervising professor, but not to B.; so in effect, nothing was accomplished. B. was not reprimanded. It angers me that such flagrant abuse of private information can occur with no consequence.

Engineering '94

Jean O'Barr of the Women's Studies Department wrote in the 1992 send-home edition of *The Chronicle*:

Duke is beginning, after a very long time, to address the issue by developing a more comprehensive formal policy, a set of procedures, and a commitment to educating the faculty, staff, and students about what's at stake. Thinking back over the many cases that have occurred on this campus in the twenty-three years I have been here, remembering the acute pain and harm that has been suffered by many students, junior faculty, and employees, and frustrated by the energy of many committed individuals that has been wasted on piecemeal resolutions, I can only say it's about time.

We, as an educational institution, should serve as a positive rather than a negative model on sexual harassment. Modeling what ought-to be rather than mopping up what should-not have-happened is perhaps the most valuable lesson we as faculty and administrators can teach Duke students about sexual harassment, both in and out of the classroom.

GENDER HARASSMENT

Gender harassment is a form of extreme sexism — discrimination that evaluates women on the basis of gender stereotypes. It is closely related to and no less damaging than sexual harassment.

Gender harassment stems from outdated and ill-founded male-defined beliefs and ideas — such as “women are more emotional,” “women are physically and/or intellectually inferior to/different from men.” Any beliefs that stereotype women as inferior or inherently different due to their sex can cause gender harassment. Such stereotypes contribute to sex discrimination everywhere, but the effects are particularly obvious in our academic environment. Gender harassment does not usually involve direct physical propositions or sexual advances, but instead focuses on one’s intellectual or occupational capabilities and/or motivations. Like sexual harassment, gender harassment is psychologically and emotionally damaging.

In our academic community, gender harassment restricts the normal scholastic routine of female students by focusing negative attention on us and by bringing our academic capabilities into question. This prevents women from benefitting fully from supposedly equal educational opportunities.

Gender harassment is illegal according to the 1972 Educational Amendments

Gender harassment of women consists of:

- Derogatory comments about women in general or use of common stereotypes about women in regard to our intellectual abilities, or scholastic commitment. ("What's going on in that pretty little head of yours?", etc.)
- Unequal classifications: males as "men"; females as "girls." (Recently overheard at a Brown University history final, "This exam will separate the men from the girls.")
- Sexist humor employed to "liven" classroom atmosphere.

Differential treatment of men and women in class:

- Calling more often on male students.
- Allowing men more time to formulate answers during discussion.
- Interrupting or ignoring women.
- Responding more thoroughly to male students' questions and comments.

Examples of Gender Harassment at Duke:

- A female student earns the highest grade on an engineering exam. The professor announces to his mostly male class this unusual achievement "for a woman" and makes fun of the men for allowing a woman to beat them. Similar scenes are often reported during ROTC physical training.



- A group of first year women walking past a fraternity bench are subjected to catcalls and numerical rating cards.
- A female jogger is followed by a car full of male students who comment on her physical appearance and swerve towards the curb to frighten her.
- A professor poses a question to his seminar. When “Jane” responds he says nothing, but when “John” paraphrases her answer he replies, “Exactly! That’s what I was looking for.”
- A woman who frequents the Nautilus facility is continually offered guidance or is “bumped” from a line while waiting for a machine. She is told, “You don’t need to use this one, hon. It’ll build you up. Why don’t you make room for the real athletes?”

Gender Harassment Experiences

I was in a graduate level senior seminar political science class with a visiting professor from Italy. It was obvious that he was not used to dealing with undergraduates and was a bit nervous. To put the class at ease he would make what I consider sexist jokes to entertain the male majority in the class (there were three women and seven men.) He made comments like: “there was a girl waiting to ask me a question after class and she was not even cute” and “do you have pom pom girls here...the ones with the blue eyes and blonde hair . . . at Iowa (where he previously taught) one came to me to see if she could improve her grade . . . she got a C-.” He only looked at the men in class when lecturing and would quickly gloss over comments from women in the class. What was worse was that the male students in the class began to appropriate his behavior.

I grew frustrated and contacted the Sexual Harassment Committee which advised me to contact the head of the department. I did this and he assured me that he would speak with the professor but that I should understand that the professor’s comments were the result of a culture gap.

Now that the course is over I wonder what effect the professor’s classroom behavior had on my learning. To be treated as an invisible or trifling aspect of the classroom in a subtle or overt manner definitely creates an inequality in the comfort one feels in exploring and expressing one’s thoughts. This type of behavior lessens our intellectual vigor and diminishes the strength of our voices.

Trinity ’89

Last semester I was the only female in an honors senior seminar. At the end of the semester our professor had us all over to his house for dinner to meet with the heads of the department. Immediately after I showed up the comments began... how amazing it was that a female was in the honors section... how certainly women would never be serious enough about the subject to ever go to graduate school...how traditionally women weren’t smart enough to qualify for honors status. I wanted to say something to defend

women but two of the professors who were participating in the conversation were ones who I wanted to ask for recommendations.

Later on in the evening, the professors asked each of us to talk about our plans for next year. Everybody had high career aspirations and I was the last to be asked about mine. Before I got a chance to answer, one of the professors jumped in and said, "We all know what she'll be doing next year. She'll be the classic housewife, barefoot and pregnant." They all laughed and promptly changed the subject, never granting me the opportunity to speak. I felt like I had been slapped in the face. Never before in my life have I been treated so rudely for having been a woman by anyone, let alone by my professors and fellow classmates: I left the dinner furious, but never fought back...because of the recommendations, intimidation, and the knowledge that with these men it would be a losing battle.

Trinity '89

On days when my running partner and I choose to run a quick East-West route, we begin at the Chapel Steps on West and go all the way up to Baldwin Auditorium on East, then back again to West. When we circle East, we run past the fraternity benches there, and on sunny days, a lot of the brothers hang out there. On more than one occasion, we have been verbally harassed (loud sexual comments and whistles have been directed towards us) and once, a brother tried to "jokingly" block our path. It infuriates me and embarrasses me. Do they think we enjoy being yelled at? Don't they know that every time we run past we hold our breath in the hopes that they don't feel the need to say something crude? How would a fraternity man honestly feel if, when passing by a group of women sitting on a bench, they yelled out comments about his penis size? I hate being treated like an object, and East Campus is just as much mine as theirs — I am a student here just as they are. And while I know that I have the right to bring these men up to Judy board, or some such place, on Gender Harassment charges, I never have. I guess that I know what I am complaining about is "valid," but that the rest of the campus will shrug it off, and say "boys will be boys — you have to expect it."

Trinity '93

What We Can Do to Combat Gender Harassment

Gender harassment is even more pervasive than sexual harassment; it is often more subtle or accepted and therefore it can be more difficult to combat.

To stop harassment:

- Talk to other class members to see if they agree the harassment exists.
- Help change the classroom atmosphere yourself by giving credit

to women's comments.

- Speak out when a professor makes a gender-based or stereotypical comment. A firm, polite remark like, "I do not find that joke funny at all. It is offensive and degrading, and I think your students deserve an apology," will make your point to the instructor and the rest of the class as well.
- Discuss classroom behavior with your professors.
- Talk to your dean or department head about specific complaints or recurring gender discrimination.
- Fill out student evaluations candidly and include specific examples of an instructor's comments.
- In the classroom, when a female student makes a comment during discussion, reinforce her knowledge and presence by saying, "as Jane said previously..." This lets others know in the classroom that women's opinions and knowledge really does matter and is valid.

To effectively combat gender harassment, bring cases of continued gender harassment to the attention of the University Sexual Harassment Committee or talk to someone at the Women's Center.

WHAT IS RAPE?

Each state has its own definitions of rape and its own laws regarding enforcement. North Carolina State Law defines rape as "vaginal intercourse with another person by force and against the will of the other person." Some assailants use a dangerous weapon, inflict serious personal injury upon the victim, or have the aid of another person to commit the act. The law says nothing about the previous relationship between the victim and the assailant. A rapist can be a stranger, someone you see around but don't really know, a trusted friend, a steady boyfriend, or even a husband. Under North Carolina law, other sexual acts committed by force and against the will of the victim constitute "sexual offenses." It is also a crime to "attempt" to rape or commit a sexual offense.

Unfortunately, many men and women still believe "real" rape is always committed by a stranger. They dismiss the possibility of an acquaintance attacking a woman. In reality, the majority of rape victims know their assailant. Date or acquaintance rape is just as frightening and degrading as stranger rape. However, a victim of date rape is often less likely to seek medical, legal, or psychological assistance. Many never even face that what happened to them was rape.

Every woman is a potential victim of rape. The most important thing to remember is that rape is an act of violence, motivated by a desire for power and control rather than sexual fulfillment. This fact is clouded by myths about rape that place the blame of assault on the woman for being female.

Such myths include, "She was asking for it in the way she dressed or the way she talked," "She was drunk," "Every woman fantasizes about being raped," "No woman can be raped completely against her will," "Women cry rape," etc. This last myth is disputed by statistics. Most rapes go unreported. Of those women who do report being raped, 98 to 99% of all of these cases are capable of being defined as "rape" and deserve immediate attention. Another common myth is that all black men are perverted and rape white women. In other words the myth, is that all rapists are violent criminal black men. Statistics show, however, that most rapists choose victims that are of the same race.

Prior to the 1989-90 school year, the University's judicial code did not contain a clause addressing rape or sexual assault. The offenses were tried under the assault and battery portions of the code. In January 1991, a sexual assault clause was added to the code which reads:

SEXUAL ASSAULT I. *By stranger or acquaintance, rape, forcible sodomy, forcible sexual penetration, however slight, of another person's anal or genital opening with any object. These acts must be committed either by force, threat, intimidation or through the use of the victim's mental or physical helplessness of which the accused was aware or should have been aware.*

SEXUAL ASSAULT II. *By stranger or acquaintance, the touching of an unwilling person's intimate parts (defined as genitalia, groin, breast, or buttocks, or clothing covering them) or forcing an unwilling person to touch another's intimate parts. These acts must be committed either by force, threat, intimidation or through the use of the victim's mental or physical helplessness of which the accused was aware or should have been aware.*

Rape: How Often does it Happen?

Sexual assault is one of the fastest growing crimes in the United States. The FBI estimates that one in every three women will be the victim of a sexual assault or attempted sexual assault in her lifetime. Every three seconds a woman is raped in America.

We might expect that the statistics for rape are different for "sheltered" places such as Duke. However, women of college age are the most vulnerable to rape. Women aged 18 to 19 have the highest rate of attack, while women aged 10 to 13 have the second highest incidence of rape. Results from a survey by *Ms.* magazine involving 35 universities and more than 7,000 male and female students revealed:

- One quarter of college women today have been victims of rape or attempted rape.
- Almost 90 percent of these women knew their assailants.

- One in every twelve men admitted to having fulfilled the legal definition of rape or attempted rape (i.e., forced intercourse with his partner) yet virtually none of these men identified themselves as rapists.
- Of the women who were raped, about 75 percent did not classify their experience as rape.
- Over half (57 percent) of the rapes were by casual dates, or by romantic acquaintances. This corresponds to the figures reported in North Carolina in the 1988-1989 year, where 60.4 percent of the rapes reported were by acquaintances.
- The average age of victims when the rape occurred was 18 1/2; 75 percent of victims were between ages 15 and 21.
- More than a third of the women did not discuss their experience with anyone. More than 90 percent did not tell the police.

Daylight

I walk alone at night
chained to my fear by my anatomy..

keys clenched in my fist
metal claws of the animal
the night reduces me to.

every shadow teases my adrenalin.
I walk faster while my mind runs screaming
from the horrors of my
imagination.

I look behind myself ... again
feet keeping pace with the beat of my heart,
savoring every drop of light from cars
and streetlights

I am only human when I can be seen.
The night does not belong to me.

Stephanie Wagner
Trinity '91

In a survey conducted at Duke, out of 542 respondents, 13 percent reported being the victim of an actual or attempted sexual assault. Of those assault victims, 66 percent told someone of the crime, but only 18 percent reported the assault to the police. Eight of the eleven assaults reported to have taken place indoors occurred in dorms. Five out of the eight assaults occurring in dorms were in first-year dorms. Of the assaults reported outdoors, locations included dorm parking lots, university roads, the East Campus Wall, the Duke Gardens, and the main quads of both East and West Campuses. When interviewed, Ruby Thompkins of Duke Public Safety said she wouldn't be surprised if a rape happens on campus every night.

Acquaintance Rape

A woman is a victim of acquaintance rape when she is psychologically or physically pressured into sexual intercourse against her will by someone she knows or has reason to trust. This means a woman is raped when she has been coerced/forced into having sex against her will, *whether she fights back or not.*

Until recently there has not been much public information on acquaintance rape because it has not been properly recognized by society. However, more information is available now; services exist that deal with prevention and with counseling for those directly and indirectly affected by acquaintance rape. We need to know what acquaintance rape is and how to fight it; acquaintance rape is as damaging as stranger rape. Women at Duke are far from insulated against this phenomenon; rape is shockingly common among college students. One Duke woman told her story to Pete Lieberman of *The Chronicle*:

November 25, 1991

Last spring, I was raped by someone I trusted. We had been dating for several weeks when we left a party and returned to his room together. He gave me all the lines: "It will bring us closer together," "don't I turn you on?" "I need memories to hold onto over the summer." We argued, and I only became scared when I realized that he wasn't listening to anything I was saying. He had started by asking me, then trying to persuade me and finally commanding me, with lines like "Let me do this to you." He became frustrated and angry. Then he stopped listening and forced himself on me.

At the time I didn't understand what was happening. I was scared and extremely confused; it had never before occurred to me that he would do anything to hurt me. After all, I liked him and he said that he cared about me. But now we were alone, it was late and the door was locked. In the last moments, I thought of his temper, of his violence towards others in the past. Those thoughts make me afraid to provoke him, since he was already angry. At first, I thought that if only I could get through it now, it would be over and

everything would be OK again. Then I stopped thinking. The image of his ceiling is still imbedded in my mind.

I don't know how I managed to slip away, but I remember crying as I tried to put myself back together. He sat there and watched. He asked what was wrong with me. He told me I was acting ridiculous. I tried to phone my roommates. He wouldn't let me; he said they would overreact if they saw me in such a state - they might think something was really wrong. He said that there was "no way" he would let me leave if I were going to go home in this condition. I finally decided that nothing he could do to me at this point would be any worse, so I took the chance and turned to leave. He started after me, but changed his mind and turned around.

The next few weeks were a blur. I saw several deans, Public Safety, and rape crisis counselors. I dropped a class and stopped going out. I cried a lot. I couldn't eat or sleep regularly, and I hated being alone, even in my own room. I felt strongly that he should know that what had happened was wrong, and how much pain he had caused me. Finally, I decided to utilize the Undergraduate Judicial Board. Upperclass friends warned me that the UJB wouldn't find a student guilty of a crime against another student. And although I didn't think I could win, I thought I could at least scare him enough to make him think about what happened and why it shouldn't happen again.

The hearing was as traumatic as the rape itself. It was his second hearing in two days - the first was for sexual harassment and disorderly conduct. For nine hours (instead of the one and a half hours they said it would last) I sat across a table from him. I felt like some sort of alien they wanted to test for legitimacy. They weren't judging what happened that night, they were judging my character. Most of the hearing revolved around past incidents between him and myself. Some of his friends testified about how they thought I was his girlfriend—as if that mattered. One board member actually asked me "so how exactly is a man supposed to know when to stop?"

The official opinion said "all members agreed that something less than natural, and possibly quite ugly, occurred on the evening in question." But he was still found not guilty. After all, there was no "concrete evidence". Maybe, if I had not been too scared to scream and fight, if I would have had some bruises and injuries to show the UJB, then, maybe, they would have been able to admit that what happened that night was rape.

For the past eight months, I've been asking myself the same questions—how could this have really happened to me, why did I let this happen—until I finally realized that the debate I'm having within myself stems from my desire to justify what happened. After all, if it didn't really happen, I wouldn't have to feel this way...I wouldn't have to lock the doors when I'm alone, or cringe when somebody looks at me funny, or lose sleep to flashbacks and nightmares. I would be able to trust my friends, and drink without fear of losing control of the situation. If I could deny that I was raped, maybe then I could be happy again.

But I was raped. Most people think of a sexual assault as a violent

struggle resulting in a bruised and battered victim. Now I realize that the threat of violence can be just as effective and traumatizing as an actual beating.

I'm back at the University as a sophomore now, readjusting to my shattered image of the "Gothic Wonderland" and to the new person I have become. I endure glares from people I don't even know, and rumors that I am mentally unstable. I hear about the new woman he is dating; they find out about the rape, but many believe him and his friends when they insist that I am crazy. I hesitate to tell anyone my last name, because they might know I'm "the one who...." I cringe when I see someone wearing his fraternity letters. When I see this guy around campus, half of me wants to cry and run away—the other half wants to hit him really hard.

Although I still feel the pain, and probably always will, I now recognize that a traumatic experience can develop a person. I'm more assertive, more sensitive, and I believe in myself more than I have ever before. I've become very strong; I had no choice. I feel like I know something that so many people on this campus don't. Sometimes it feels like I'm 40 or 50, instead of 19.

I learned this fall that even after all that pain, my point was still not made to him. A friend called me late one night to tell me that he had assaulted another woman. She chose to keep quiet.

He said one thing to me, at the beginning of that evening that I will never forget. He said, "I don't understand why you never trust me. Have I ever given you a reason not to trust me? You should always trust people until they do something to prove that they are not trustworthy." At the time I thought he was just being difficult, but now I realize just how wrong and backwards and ironic his statement was.

Trinity '94

This is only one scenario; countless other situations resulting in rape have had equally innocuous beginnings:

A man and a woman go out on a date and he pays the check at a very nice restaurant. They eventually wind up in his room. The man pressures her verbally and she complies because he makes her feel that she owes him something for the nice evening. She has been raped.

A Duke woman goes to kegs with her friends, meets a man, and spends the rest of the evening dancing and drinking with him. Her friends leave without her since she seems to be having a great time. The man offers to let her spend the night in his room, as she feels unsafe walking home alone. They have intercourse despite her protests. She has been raped.

A man and a woman have been going out for a long time and the man wants to have sex. The woman feels she is not yet ready but he ignores her concerns and forces her to "make love." She has been raped.

There are many circumstances particular to acquaintance rape which have contributed to the recent publicity about it. Much of the problem of acquaintance rape stems from the ideas men and women maintain about one another. Men are taught not to take women seriously, and that women don't mean what they say when it comes to sex. Women are taught that men know more about sex, and that they "owe" something to a man who has spent money on them. Both are subject to peer pressure.

Acquaintance rape can occur because the man and woman are not aware how the signals they send can be perceived. If you agree to spend the night in a man's room or apartment because you can't get home, he may perceive this as your desire to sleep with him. If you take off your clothes while fooling around and say "no" to sex or say yes and then change your mind, a man may believe you mean "yes." It's not anyone's fault that these situations arise but you may want to consider how your actions may be perceived.

Four Stages of Acquaintance Rape

The basic, but by no means defining, pattern of acquaintance rape can be broken down into a four-step process:

1. A woman feels her personal space is violated (for example, the acquaintance places his hand on her knee or back, or kisses her). This is particularly common at campus fraternity parties where loud music and crowds force the couple to dance very close together. Alcohol and/or drug use often precipitate incidents of sexual assault in such a setting.
2. The woman does not appear sensitive to this intrusion and may not object verbally. The potential rapist may escalate his advances — perhaps placing his hand on her buttocks. This contact may cause her to feel uncomfortable and she may suggest going some place less crowded. He may misinterpret this as her way of "getting him alone."
3. They move to a secluded or more private place (for example, the man's dorm room or car).
4. The actual rape or assault occurs.

One woman recounted her attack to Laura Trivers of *The Chronicle*:

I met the guy last November. I didn't really know him. We met at kegs. He knew some of my friends, and I knew some of his fraternity brothers. He asked me to his semi-formal.

He and a friend came by to pick me up. Both had been drinking. We went by a liquor store and bought whiskey and then went to his off-campus house and talked for about 15 minutes.

Following the semi-formal, we took a cab back to his house. I had been drinking a lot. He made a pass at me in the living room. We were both so drunk, too tired to do anything. I fell asleep upstairs, dressed.

The next morning I woke up and he was sitting on top of me. I wasn't feeling very good and had a headache. I felt stupid and uneasy about being there. He started trying to kiss me and undress me. I got out from under him but fell down the stairs trying to get away. He forced me back up the stairs. I was crying the whole time, but he didn't stop or leave me alone. For 45 minutes he wouldn't let me go, the first time, the second.

And then some of his friends came by and they dropped me off at the Bryan Center. I just wanted to get home.

I didn't think about it, felt horrible but tried not to think about it. It was too shocking. I just went home to sleep.

He called a few times, but I never talked to him. My roommates told him I wasn't home. I started acting weird. I didn't go to class, stayed in the room and slept a lot.

I talked to my dean. He wanted me to file a report but I didn't want everyone to know about it.

After a while, I decided to talk to him about it so he would no longer be in control. He said he was sorry he forced the issue and felt he had to do it because the way a lot of girls are on this campus: you take them out, they are nice to you at the time but then completely ignore you.

I run into him sometimes, he says hello so I say hello back. That's it. Funny thing is he is not a bad person. He just showed really bad judgment.

If a woman says "no" (and it doesn't matter when she says it) it should be no.

I realize a lot of people will think I got what I deserved, but I had no reason to believe that was going to happen.

Another woman writes:

I graduated last year and I am amazed. It almost seems like a virus of recognition among women who have recently graduated. A process of healing I guess, women are angry, angry at Duke. It seems that it's not until after they've graduated that many women realized how abnormal certain aspects of Duke were. Most notably is the number of women who realize that they were assaulted or raped at Duke. At the time they said, we said "it was our fault," "this is the real world, I'm the one that needs to do some adapting." Now they say, we say, I say: You are all beautiful women, listen to yourself before anybody else. You define what is real, what is right and what is wrong. Now.

Trinity '92

Preventing Acquaintance Rape

There are a number of things you can think about to prevent acquaintance rape situations from arising:

- Know what you want and convey that specifically and unambiguously - Be assertive. Too many men think "NO means YES".
- Be aware of your non-verbal behavior and consider the possible message you could be sending.
- Stay sober. It's easier to remain in charge of the situation and of yourself.
- Always make sure you can leave if you want. Don't stay somewhere you feel uncomfortable or out of control.
- Find out about a new date. Do your friends know him? Does he have a reputation?
- **TRUST YOUR INSTINCTS.** Many victims report having an unexplainable bad feeling or premonition before they are raped.

Self Defense

Since 60 percent of all reported rapes are by acquaintances and are most often in the victim's residence, it is a fallacy that a woman will avoid rape if she avoids all dark, deserted areas of campus. A good way to approach personal safety is to 1) take a self-defense class, 2) stay aware of your surroundings, and 3) take realistic caution in any situation that may be threatening.

Knowing how you will respond to an attack or threat may be the most important preventive measure you can take. Don't wait until your personal safety is threatened or someone you know is attacked. Read and think about the safety tips below, analyze your likely responses, and discuss campus safety with male and female friends.

A basic knowledge of self defense may protect you against serious attack, but it can also help you to cope with the fear of attack. It gives you added control over your physical vulnerability, and may increase the bounds in which you feel safe to travel free of anxiety.

Duke's Public Safety, Panhel, and various women's organizations on campus sponsor self-defense classes throughout the year. All women at Duke are urged to attend at least one. The Physical Education Department offers many self defense classes including Aikido, Judo, and Karate. In addition, the Triangle Women's Martial Arts Center provides self-defense classes taught by qualified female self-defense instructor. Contact them at 682-7262 for more information.

Safewalks/Saferides escort service is available from 10 p.m. until 2 a.m., Sunday through Thursday. Call 684-6403. Engineering Saferides was recently established to transport people from Science and Research Drive

back to campus during these hours. After 2 a.m., call Duke Public Safety at 684-2444. Officers will escort students on campus, or drive them home.

Self Defense While Walking:

1. If you are walking alone:

- Be alert and aware of your surroundings.
- Look confident and walk briskly.
- Consider carrying a whistle or mace, but make sure they are handy and that you are prepared to use them. Be aware that mace can be used against you as well, and a whistle can be shoved in your mouth.
- Stay in well-lit areas.

2. If asked for directions by someone in a car, do not go too close to the car. Remain up on the curb to avoid being pulled into the automobile.

3. If you are being followed by someone on foot:

- Cross the street and vary your pace. Look behind you confidently to let him know you spot him, but not as though you are afraid of him.
- If the person persists, run to the middle of the street or yell "FIRE!" (sadly, people are more likely to respond to a fire than a rape).
- Stop at a store or lighted home and call the police. Do not enter the home; have a resident phone for you.

4. If you are followed by a car:

- Walk in the opposite direction or along the grass.
- Go up a one-way street.

5. If you are attacked:

Ask yourself: How good are my chances for stopping the attack without undue risk of physical harm? What are your chances to: escape, attract help, incapacitate the assailant, or influence him to stop by talking him out of it or through some other action on your part? These decisions should be based on your assessment of three factors: the environment, your abilities, and the assailant's perceived abilities and motivations. If you decide to resist, some forms of resistance that have worked for other potential victims include:

- SCREAM!!
- Hit the attacker with any packages you may have — books, bags, purse, etc.
- Poke the assailant in the eyes with your keys.
- Scratch, bite, kick in groin, or dig heels into assailant's foot.
- Do something repulsive: vomit or urinate.
- Tell the assailant that you have AIDS or an STD

Self Defense When Driving:

1. Check the back seat before entering a car and lock all doors. Keep windows closed or only slightly cracked.
2. If followed by another car, drive to the nearest police station, public building, or lighted parking lot and HONK your horn.
3. Do not stop to help motorists with car trouble, but instead call help for them at your earliest convenience.
4. If someone tries to enter the car when you are stopped at an intersection, honk and drive away. If the person enters, take your keys and leave. If you cannot get out, toss your keys out the window so they can't take you to a more deserted area.
5. Keep your car in good running condition with at least a quarter tank of gas at all times. Learn to change a flat tire. Keep some money hidden in your car in case you ever need to take a cab or have some other unexpected problem.

When using public transportations: Wait for buses in well-lighted areas and sit near the driver. Ask cab drivers to wait until you have entered your home safely. Avoid riding elevators with a lone man or only men; wait for the next available car.

Dorm Safety Precautions:

1. Always keep your door locked, especially while you're sleeping and even if you are just going to the bathroom.
2. Keep bathroom doors locked.
3. DO NOT prop open fire doors.
4. Do not let unfamiliar people follow when you enter the dorm.

5. If someone suspicious is walking around the dorm, question that person to find out exactly whom they are visiting or call Public Safety and give an accurate description of the person.

Emergency Telephones:

Emergency telephones are located at strategic, available points throughout campus. They are yellow boxes topped by blue lights. (Also, most elevators are equipped with emergency phones.) These telephones are connected directly to Duke Public Safety, so you do not need to dial. The officers can pinpoint the location of the call immediately and will respond quickly. If you are being chased, pull or knock one of the yellow emergency phones off the hook and keep running. Through this action, Public Safety will be alerted that you are in danger and have a good idea of your whereabouts. Emergency telephones can also be used to get an escort if you feel unsafe about walking.

If You are Sexually Assaulted

The psychological trauma that accompanies rape can be magnified in situations where a woman knows the rapist personally. It is critical that victims of date rape seek medical and emotional support. If you are sexually assaulted by an acquaintance or otherwise, there are three steps you should consider taking.

1. Report the Crime to Law Enforcement

Reporting a sexual assault or rape is one of the best ways to prevent the rapist from striking again. Informing local police does not obligate you to press charges — that choice is up to you. You can request anonymity if you decide not to prosecute, relating everything you remember about your attacker and nothing about yourself. You may also choose to report to Duke Public Safety. Above all, report the crime as soon as possible.

Filing a Report: Filing a report entails calling an officer to the scene. The officer collects basic information and evidence. A detective conducts a thorough interview with the victim and will interview the suspect. If enough evidence of force is found, the file goes to the District Attorney. Consent is usually the main issue in an acquaintance rape. If there is not evidence of a physical struggle, “intimidation” and “disregard for the victims’ wishes” are primary criteria.

A Blind Report: Sometimes a rape victim wants the police to know an assault has occurred but does not want to file a formal complaint. Should you wish to remain totally anonymous, you may convey the information

through an intermediary at Rape Crisis of Durham (286-4000) who will pass it along to the Sheriff's Department. Police cannot make an arrest from a blind report, but this information may prove helpful in solving other cases. Your identity will remain unknown, but you will have aided the police.

A victim may or may not choose to press charges. Some women feel that pressing charges is a way of putting closure to an unjust situation. Others feel that reliving the incident through a trial or hearing would be too painful for them. It is important that each woman makes the decision that is best for her own recovery. Guidance and counseling in making this decision is provided by the Coordinator of Sexual Assault Support Services, Women's Center (684-3897 or 681-6882). Victims who wish to press criminal charges must file a report and be in contact with the District Attorney's office. Recently, more victims of sexual assault have been filing civil suits against their assailants; in this case, the victim must contact a private attorney. If a case does go to trial, both civil and criminal proceedings may last between one and two years. As a Duke student, a victim has a third option of pressing charges through the Undergraduate Judicial Board. This is a confidential, process in which members of the Duke community hear the case. Contact Dean Suzanne Wasiolek or Assistant Dean Paul Bumbalough at the Office of Student Life, 109 Flowers Building, 684-6488, to register a complaint with the Undergraduate Judicial Board. Information about all three alternatives: criminal, civil, or UJB is available through the Coordinator of Sexual Assault Support Services.

Why do so few women report sexual assault crimes?

Most victims (including those at Duke) are not likely to file a report. Nationally, it is estimated that only 10 percent of women attacked by acquaintances report the crimes. Public Safety Officer Ruby Thompkins says only a small percentage of victims at Duke file reports because of guilt and the fear that no one will believe them. Reporting a rape can be extremely difficult; the victim is asked to explicitly relate the sexual activities that took place. Many victims feel too traumatized or humiliated to relive their experience in such great detail.

If you are unsure or reluctant to file a report, consider the following:

- Studies show most convicted rapists had committed large numbers of rapes before being reported even once. More than 80 percent are multiple rapists.
- Even if you cannot identify the assailant, the information you give could result in closing other rape cases.
- Information about any rape gives the police a more accurate assessment of the problem in this area.

- You will be eligible for financial compensation through the Victims Assistance Act to cover your medical expenses if you report the assault within 72 hours.

2. Obtain Medical Assistance

Immediate medical care after rape is essential for a woman's general well-being and is imperative if she wants to press charges. Risks include physical injury, STDs including AIDS, and pregnancy. The necessary medical care can be obtained from a personal physician, Duke Hospital, or an emergency clinic (see end of this chapter). A medical exam becomes particularly crucial if there is a significant chance of pregnancy. However, only 3-5% of rape victims become pregnant as a result of the rape; the assailant often does not ejaculate. AIDS will not show up with testing until three to six months after exposure, so testing after a rape merely confirms that the victim was not infected prior to the attack. In a trial, delay of more than 72 hours in seeking medical assistance may be used by the defense as evidence that the victim did not really view the incident as rape or as a threat to her physical well-being.

Police may use clothing and selected physical evidence if you decide to prosecute; therefore, although it may be difficult, do not change clothes, bathe, or douche before seeking medical assistance. Evidence of sexual assault and rape can be gathered up to 72 hours after the crime, provided the victim has not bathed or douched. It is preferred that the victim have the physical evidence gathered no more than 24 hours after the assault.

Take a change of clothes to the emergency room; the police will keep those worn at the time of the assault as evidence. If you have a private or family physician, you may phone and have her or him meet you at the hospital. You will be examined for evidence of penetration, force, oral and anal sex, and efforts to resist attack. A special kit is used for examination of a rape victim. The exam includes gathering evidence and placing it in a sealed bag which is signed by all those who handle it (medical personnel, the victim, and any legal or law enforcement officers). The following procedures are involved in the examination:

- The victim's pubic hair is combed for any evidence of male pubic hair left during the rape.
- The victim's vagina is swabbed for semen or other body fluids.
- The victim's hair is plucked for other hair samples.
- The examiner may scrape under the nails of the rape victim.
- Blood samples of the victim are taken.
- Pictures may be taken of any other physical injuries (bruises, cuts, etc.) inflicted upon the victim.

All of this evidence is placed in a sealed container and **SHOULD THE VICTIM BRING UP CHARGES AGAINST THE ATTACKER, THIS EVIDENCE CAN BE USED IN COURT.** After you have received medical treatment, arrangements can be made for you to stay overnight at the student infirmary if you wish.

3. Consider Receiving Professional Psychological Counseling

Being raped or attacked violates a woman's sense of bodily security. Many rape victims report severe depression and feelings of dirtiness and isolation. Often victims deny that what happened was rape, or pretend the incident never occurred. No one wants to be raped, and denial protects the victims from facing that she (he) has had this horrible experience. However, this is usually detrimental to the victim's emotional recovery.

Counseling is necessary to help victims come to terms with their feelings and deal with their problems immediately after the attack. At the same time, counseling prevents emotional scars in the future. Verbalizing your anger, fear, loneliness, and hurt is instrumental in overcoming such emotions. Do not underestimate the serious psychological and emotional effects of a sexual assault. Talk to a trained counselor. Often support groups are available where survivors may share feelings and concerns with women who have had similar experiences. Contacts for general counseling are listed at the end of this chapter.

Common emotional responses to rape include feeling:

- loss of trust of everyone, including friends
- guilt, or belief that the victim provoked the assault or could have done something else to prevent it
- anger and depression
- feelings of loss of control
- feelings of dirtiness and low self-worth

Common physical responses include:

- sleep and eating disturbances
- physical pains and soreness

Common behavioral responses to rape include:

- fear of leaving home/room/campus, of being alone, of socializing and meeting new people
- inability to work or study
- frequent crying
- changes of phone number, living arrangement, or other factors in lifestyle (exercise, etc.)
- nightmares/flashbacks

Because of the seriousness of post-rape or post-assault trauma, victims are urged to seek psychological assistance as soon as possible after the attack.

A WOMAN SPEAKS OUT

Just before a scheduled school break not so many graduations ago, I was out running my favorite route — between East and West on Campus Drive. It was around 5:00 p.m., and I was cursing myself for the zillionth time for eating so much for no reason. I was also chiding myself for not dressing warmly enough. I decided to pick up the pace to get warmer rather than to go all the way back to new dorms.

As I was rounding a bend, a large man jogged slowly towards me. I heard little alarm bells and started running in the middle of the road as I was about to pass him. "Silly, this is Duke. Relax." I told myself. He stopped and asked me where Duke University was. I stopped and thought the question was odd, since he was exactly between East and West. Nobody else was around. Just for a minute. Before I answered he grabbed me and swung me around 180 degrees and into the pine trees. He beat me as the East-West bus drove by. I was so scared it didn't hurt at all. Around this time, I just wanted to live.

Soon we were deep into the woods. Nobody could hear my screams anymore. I cannot adequately express how scared I was. I tried to remember every article I had ever read in Seventeen magazine about rape. "Tell him you're pregnant." "Go to the bathroom in your pants." "Tell him about yourself so he can see you as a person and not as a thing." I did it all. He raped me for over two hours. He stopped as soon as I started to cry; then he told me how much he respected me.

As soon as he left I flagged down a car to take me to Public Safety. It never occurred to me not to report it. I made the driver promise—hand held in boy scout fashion—that he wouldn't rape me before I would let him take me two blocks. I was thinking that I was embarrassed to be getting blood on his car. I was ecstatic to be alive and started crying with relief. I was thinking about stories I'd heard of women not being taken seriously by police, and I was determined to have this guy caught so I stuffed all my feelings and tried to be cool once I got inside. I didn't recognize my face in the mirror—it was swollen and was all the wrong colors.

Public Safety couldn't have been more understanding, nicer or more sympathetic —especially Captain Dean. And not just on the night of the attack — through over a year of very frequent contact. Several officers went to the scene immediately with the guy who had picked me up. I had hypothermia and another officer gave me his jacket as we went to the hospital.

Someone asked me if I wanted to make a call. I was thinking that I didn't want anyone to know what had happened, and that this was going to be my secret. I thought, "I just had a horrible two and a half hour experience, and now I'm going to forget about it and pretend it never happened." Looking

back, this was very destructive towards recovery. I had the nurse call one of my best and most trusted friends so she could bring me clothes (some were still in the woods, and the ones I had were ripped) and give me a ride back to the dorm. I had to give physical evidence that I had been raped, including sperm traces and pubic hair compared with some of mine. It seemed to take forever, and I was becoming more and more anxious to be alone. When I finally saw Kaye at the hospital, I lost my resolve to keep my secret. She took one look at me and started crying right away, and I was talking as fast as I could telling her what had happened. Right from the first I was thinking about the trial I assumed would happen, and I wanted to be a good witness and didn't want to be called 'hysterical' so I was still keeping a lid on my feelings. Sometimes I even giggled. Mostly I felt anxious as I wrung my hands and fretted about nothing in particular.

Public Safety couldn't find where the scene was, so I had to take them there that night.

Around 1:00 a.m. Kaye and I left for her apartment (thank goodness she insisted — I ended up living there for the rest of the semester) with prescriptions to keep me from getting pregnant and VD. I have heard that the "morning after pill" is no longer used, since it is the equivalent of taking five years worth of birth control in five days. I was miserably sick the whole five days.

I was absolutely terrified to walk from the parking lot to Kaye's apartment, at the same time I thought how irrational I was being so I tried to ignore it. Every rape victim should have a friend like Kaye. She created a safe environment for me to be, express my feelings, and continuously acknowledged me for getting out alive, for being brave, and for how I was handling the whole event. Most of the time I thought I was just scraping by with a tornado of feeling inside, but Kaye would pour over how great I was doing. Many times I didn't want to hear it, but she kept it up even when I wasn't making it easy for her to support me.

I took a shower and began to ache all over. Everything hurt. I put my head on the pillow to get some sleep and pulled it up in terror. I soon realized that I couldn't let my mind wander, because it would go directly into a fear of death. Although I did drop a course, I had one of my best semesters academically because studies kept my mind occupied. Kaye dropped a course too, and had to take five courses her senior year.

We went back to the hospital for sleeping pills and tranquilizers. I took sleeping pills every night for over eight months and had horrible, sweat-drenching nightmares for years. I felt out of control of my body—that anyone could do it again if they really wanted to. I had paralyzing fantasies about men coming in with machine guns and taking me out of French class. I got up in the middle of the night to make sure the door was locked at least twice, sometimes more, for over a year. I never admitted this to anyone.

At one point I didn't want anyone to remind me of those intense feelings. I remember wanting to cry very much just after I escaped, but when

I called my parents, I remember not wanting them to make a big deal about being raped. I wanted to leave my godmother when she started to cry. But a month or so later, I did want to cry, but I felt like I had lost my window of opportunity. Everyone was amazed, "You're doing s well, you're really together." I went through sorority rush only a little over a month later and was accepted into my favorite sorority. I was doing expectionally well academically. I could walk down main quad and laugh and tell stories with anyone. I was so strong for so long that I fooled many people. My mother, trying to help me the very best she could with a situation no mother is prepared to deal with, also didn't want anyone to "find out" and encouraged me to stick with my original plan. We didn't tell my older brother for weeks, and I didn't tell my sister for five years.

Duke is a small school, and I didn't want to be known as "the girl that got raped." I took a week away from school and then explained away my unhealed beating marks with the same story, except that I had gotten away. I never thought about it being published in The Chronicle. They didn't mention my name, but for my circle, they didn't need to, it was obvious enough. Every year our beloved campus focuses on an issue—South Africa, Central America, materialism, student apathy—that year it was rape. It seemed I couldn't open the paper without another rehash or new drawing of the rapist or a full page of editorials on rape. The xeroxed newspaper clippings were inside every women's stall on campus. Now, I understand the importance of awareness and prevention, but I felt like I was drowning. I had to go to Public Safety constantly to look at more books, to go to a restaurant or public place where someone looked like the drawings, or even to a courtroom to identify a rapist in another case. I felt like I woke up and went to sleep with the subject omnipresent. It was even a hot topic during sorority rush. Innocent of malice, women would tell me wild exaggerations they had heard through the perpetual motion rumor mill, while I would nod. I didn't just not want them to know I had been raped, I didn't want to have been raped.

The administration was terrific. Whatever I needed they provided. I was moved to Main West and got a special parking pass. They contacted my professors about work that was handed in late and dropped the class for me. They provided a counseling service, but after two or three times I quit going.

I did the best I could with the tools I had then, but if I had it to do over again, I would have been much kinder to myself. I would have acknowledged my hurt, and worked toward recovery, even if that meant blowing my cover. I would have taken the remainder of the semester off. I wouldn't have beat myself up for panicking whenever I was alone or even for having nightmares. I would have accepted the help that was offered. Instead, I thought I was a weak person and wasn't handling it well because I couldn't just "pretend it didn't happen." I've learned to be gentler to myself—it just took a long time. Now I can look back, and it's like a healed bruise. It doesn't hurt to touch it.

One of the reasons I found recovery to be so difficult is that we as a society have no customs for dealing with rape. People just don't know how to

handle it. As opposed to death, where we have rituals to acknowledge the dead and periods of mourning where people receive nice cards and flowers from friends. People come up to them and address the subject up front and say, "I know you must be in a lot of pain and my heart is with you. If there's anything I can do ..." And they understand if you're under the weather. Whereas with rape people don't know what their role is supposed to be. Most people, not knowing what to do, try to ignore it and put the best possible face forward, especially if the victim is willing, or trying desperately to play the same game. In fact, I was trying not to "mourn" at all.

I thought that I was the least likely candidate to be the victim of a violent crime. I have always been physically strong and fit. I had thought I could fight off anyone. After all, I fought off my huge brother for thirteen years! Philosophically, I was accomplished, goal oriented, and not at all "sissy." In some respects I was "one of the guys." I think we're now calling that a "woman of the 80's." I now realize that no matter how cautious, strong, or skilled a fighter I am, I will always be a candidate because I'm a woman. Sometimes I shake my head in disbelief when I see women running in the dead of night, women much smaller than I was, on the same route where I was attacked. I think, "they don't know what they're risking. That jog isn't worth it" And I get equally upset at the fact that I can't run after fudge cake and enjoy the night air while my brother can.

One last word. In a sense I was very lucky. It was almost a "classic" rape — the kind people are automatically sympathetic towards. I didn't know my attacker. I wasn't wearing sexy clothes. I wasn't running in a remote or sleazy area. It wasn't dark. It was obvious I had fought very hard. I hadn't been drinking and I wasn't on a date when I was raped. All of this makes it very easy to sympathize with my case and left me with many people willing to help. If I had known my attacker and the setting had been different, perhaps if I had accepted a ride home from a fraternity party, or if I had been drinking, I doubt that my feelings after the rape would have been any less painful and difficult. It still would have been rape. However, I would have had the added burden of feeling that I deserved it, or that I was asking for it, and I may not have had the same help and resources.

Trinity '85

Letter to a Rapist

You may wonder,
what would make me write
after two years of silence,
to the man,
I said I would forget,
I said I would punish,
I said I would never call.
I suddenly realized,
through these years
that I had so much to say to you,
there are so many nights
I have cried over the phone
because a stranger called
to tell me that she was raped,
that she was scared
and she got my name from a friend
who went to the Take Back the Night march
or a sorority meeting
or even just in passing.
And sometimes they don't all call it rape,
and none of them ever want to go to the police or a lawyer
and it happened last year
or yesterday
and they're scared
because what's happening in their lives
doesn't fit
what they've been taught to believe the world is like.
And they cry,
floods of tears on the phone or in my room,
because they remember that they wore a short skirt,
or talked about birth control
or drank too much that night
and no matter how many times
I tell them its not their fault,
they still think it is.
And no matter how many times
they wear the same skirt,
or drink the same alcohol
or talk about the same birth control
and survive the night without a scratch,
they always associate those clothes,
those topics,

that drink with unwanted sex.
I am now twenty-one years old.
I come from a middle class family in a smaller Texas city.
My parents love me.
My high school boyfriends loved me the best they could.
I believed that rape
happened to women who walked on the bad side of town
at midnight
in short miniskirts.
Their attackers were strangers,
usually black and hispanic men,
who held them at knife point
behind the movie theater or in their cars
or in their unlocked apartments
and stole their sex
as if it were a purse or jewelry.
White men didn't rape.
Boyfriends didn't rape.
Friends didn't rape.
Women who wore pink dresses
and came from my neighborhood
would be protected
by white men
and the sanctity of our womanhood.
There were of course exceptions to the rules,
but for each of these
sacrificial,
middle class
virgins
who suffered at the stranger's sex violence,
there were one hundred of us
who lived safely in white suburban America.
And as funny as it seems now,
I believed that.
I believed it because I needed to,
because I didn't really know any other world
and I was afraid that another might exist.
Two months after coming to Duke
you showed me that other world.
You took me back to your room
after dinner one night
and raped me.
Do you remember?
It was six o'clock
and the sun was shining on the quad

and people were going places right outside your windows
and I was screaming
and crying
(at one point I even gave my social security number)
and no one ever came to save me
or protect me.
Did you know you broke my nose,
shattered my left cheek bone,
gave me twelve stitches across my right knee
and tore three holes in my vaginal wall
one,
two
and three and a half
inches long?
Did you know
the scars
from those tears
will keep me from having children?
Did you know
I walked across main West campus
to my dorm on north
crying and bleeding
and no one stopped me,
not even the public safety officer
at the west campus bus stop?
My RA put me to bed,
my neighbor gave me sleeping pills
because I was too hysterical to sleep,
and I began to bleed.
I hemorrhaged so heavily
from your violent penetration
that I had to be given a blood transfusion
when they finally got me to the hospital.
I didn't wake up
until I had already been in the emergency room for over an hour.
I was told later by a doctor
that had my roommate
not happen to come back
I would have bled to death.
I spent four days in the hospital
three days in the infirmary
"recovering."
You visited me twice.
I saw the university lawyer,
countless deans

and other administrative hand wringers
and spoke with the insurance company.
I lied to my parents about what had happened.
The university paid the hospital bill,
(I don't know why).
And I moved back to my freshman dorm
and hoped that no one would remember
that I was the one
the ambulance carried away.
Rumors went around
that I had tried to kill myself,
that I was a drug addict,
that I had been drinking,
no one,
including myself,
believed I had been raped.
You called me for a few weeks after that.
You said you were sorry that things got rough.
You said you thought I had sexual hang-ups.
You said no one would ever believe you had committed rape.
You said it was my word against yours,
and I believed you and shut up.
And then,
sometime last year,
I realized I couldn't be quiet anymore.
I started to talk,
then I heard them.
Just a few at first,
they had been raped
or harassed
or gone through abortions
or miscarriages here
and they too hated this place for it
and they too blamed this place for what they had gone through.
They,
we,
are living lives we were never prepared for.
We are the definition of rape
and abortion
and abuse
that our parents
and our church
and everyone else
forgot to tell us about.
Did you really think that we didn't exist?

The strangest thing happened,
when I heard their stories
I got so angry
that we all had been tricked into thinking we were alone,
that we were the only women in the world who men had hurt,
who other women had told to try forget about our experiences,
who felt disconnected from Duke
and our home
and our whole pre-Duke existence,
I wanted to do something.
I stopped hating you,
I stopped wanting to kill you,
and watched
the women pour out of the dorms
and their homes
and fight back.
We did Take Back the Night.
We did April 5th.
We did a sexual harassment panel.
We killed those sweet little girls of white suburbia,
when you touched us,
but I bet you never thought
in the process
we'd rise as empowered women.
Every time I hear rape
or a sexist joke
or walk by your old room,
I remember.
Every time I hear a noise outside my window,
I remember.
I can't walk alone
without wondering who will meet me on the dark path.
I can't maintain a relationship for more than three months
without getting scared.
I haven't had sex since you.
No matter what I do
I carry you with me.
I wonder if you can know what that's like.
On Thursday night
I went to the Durham Bulls game with some friends.
I left early
and walked to a dark parking lot
alone.
A man followed me
and forced his way into the car.

He said he wanted a ride home.
I drove him for what seemed like forever,
probably five minutes,
into a part of Durham
I didn't know
before I got angry.
I was so afraid
that I already knew what this man was going to do
in my own car
that I decided
that I would rather have him kill me
than be raped again.
I don't even remember what all I said to him.
All I know is the car stopped and I was screaming,
not like a woman,
but like a bitch.
I told him I was not a carpool service.
I told him he had no right to talk to me the way he had,
to make me drive him.
I told him the only reason he had chosen me
was because I was a woman
and I was alone
and it wasn't fair.
I told him he could never know what it was like
to be a woman and be afraid
every time a man you didn't know,
or even ones you did know,
walked towards you.
I told him
it made me sick to know that men like him preyed on that fear.
He told me I was crazy
and got out of the car.
This is the life you left me.
These are the politics you left us all.
You made us feel utterly unconnected,
utterly
alone
and someday,
in your loneliness
you will see the edge
of the world you have created for us.
Some day you will have a daughter
and she will come to you
and say the world is unfair.
She will look up at you

through two black eyes,
a bloody knee
and a torn heart
and you will know
she is more mine than yours.
You will know
you can take everything from me,
my face,
my virginity,
even my ability to have children
and I will still survive.
I will still rise
stronger than you could ever be,
and some day I will meet you,
somewhere where you cannot cover my mouth,
somewhere where you cannot hold me down
and then you will know
you were wrong.

Trinity '93

WHERE TO GO FOR ASSISTANCE

Medical Care

Duke Medical Center Emergency Department

684-2413

Hours: 24 hours a day, 7 days a week

DMCED can:

- contact a Rape Crisis of Durham volunteer to be with the victim at the hospital
- notify law enforcement if a victim chooses to talk with an officer
- check for and treat physical injuries
- test for and treat STDs and pregnancy
- collect evidence of the assault; the victim's clothing may be kept

Duke Student Infirmary

684-3367

4th Floor, Purple Zone

Duke South

Hours: 24 hours a day, 7 days a week during the academic year

Contact: Penny Sparacino, R.N., Head Nurse

The Infirmary can:

- provide a secure overnight place for the survivor to stay on a short-term basis and inpatient medical care as indicated
- provide nurses on duty 24 hours a day to answer questions and to provide advice and referrals

Duke Family Medicine Center

684-6721

Marshall Pickens Building

2100 Erwin Road

Hours: M-F 7 a.m. - 8 p.m.

Sa 10 a.m. - 2 p.m.; Su 2 p.m. - 5 p.m.

They offer basic gynecological services, general health care, and pregnancy tests, all free to enrolled undergraduate students. Pharmacy on premises. Good source for information and referrals concerning clinics.

Safe Haven

684-3897

Few Fed Lounge, West Campus

Hours: Th-Sa 11 p.m. - 7 a.m.

Safe Haven offers a safe place for women and victims of sexual assault to go or call their safety is being or has been threatened in any way. It is staffed by student volunteers trained to deal with sexual assault and first-aid emergencies, and to make referrals. Safe Haven is also a safe place to call and wait for a ride or to clear your head on keg nights. Confidentiality is strictly maintained.

Durham Regional Emergency Department

470-5345

Law Enforcement:

Duke Public Safety

684-2444/286-4624

Contacts: Ruby Thompkins, Chief Dean

Public Safety can:

- determine if the victim is safe
- get valuable information that may lead to immediate identification of a suspect
- transport the victim to the hospital
- explain the victim's options and assist her/him in contacting other support services such as the Coordinator of Sexual Assault Services, Rape Crisis of Durham, or CAPS
- investigate the case and assist in prosecution
- take an initial report which will include basic information about the assault

- assign the report to a detective who will take a more detailed report later, as well as investigate and gather information for prosecution
- provide students with a safe ride home
- provide advocacy with the court system
- take a blind/confidential report for statistical and intelligence purposes

Durham Police Department (City) 560-4440

Contacts: Lt. Emy Fishel, Lt. George Hare

Durham County Sheriff's Department 560-0880

Contacts: Chief Deputy Dobies, Lt. Buchanan

Counseling/Therapy:

Duke Coordinator of Sexual Assault Support Services 681-6882

Room GG112 (near Few Fed Lounges)

Hours: 24 hours a day, 7 days a week

The Coordinator can:

- Provide crisis intervention services through the sexual hotline or pager on a 24-hour basis, or walk-in office visits, M-F 8:30 a.m. - 5:00 p.m.
- provide short-term counseling on an "as needed" basis
- provide accurate information about law enforcement, legal, medical, and university systems and act as a victim's liaison with these agencies
- provide a support group for rape survivors to focus on common reactions and concerns
- provide list of local and university resources
- advise and assist in the training of several student groups on campus that raise awareness and educate peers about rape and sexual assault
- provide programs on sexual assault to residence halls and student organizations
- coordinate special events, speakers, etc. on these issues
- provide information, support, and referrals to families and friends of victims

Rape Crisis of Durham 286-4000

Hours: 24 hours a day, 7 days a week

Contact: Liz Stewart, Director - 286-4546 (office)

RCD can:

- offer 24-hour crisis intervention with informed options

- provide advocacy with the court system
- assist a victim in accessing the Victim's Assistance program
- support and accompany the victim to the hospital and through interactions with law enforcement officials
- provide programming on campus rape and relationship violence for interested parties
- serve as an informed resource for the Duke community and administration

Counseling and Psychological Services

660-1000

214 Page

Hours: M-F 8 a.m. - 5 p.m.

Contact: Tina Bell, Libby Webb, John Barrow

CAPS can:

- provide crisis intervention to help victims deal with emotional trauma and medication as needed
- provide brief counseling/psychotherapy
- provide information, counseling, and support to family and friends of victims
- provide assistance in dealing with academic responsibilities
- arrange referrals for on-going counseling/psychotherapy
- provide evaluation and/or brief individual counseling for perpetrators or those accused of sexual assault, as well as those concerned about sexual or aggressive inclinations
- conduct programming on sexual assault and collaborate with other offices/campus groups to provide programming
- furnish brochures, books, articles, and videotapes to interested groups

NOTE: (1) Counseling is free to all currently enrolled Duke students. Students are free to request a female counselor. Immediate emergency services are available upon request.

(2) All call made to CAPS after 5:30 p.m. are referred to the psychiatrist on call in the Duke Medical Center ER.

Duke University Psychology Clinic

684-6344

Hours: M-TH 8:30 a.m. - 5 p.m.

Fees: sliding scale services

Full psychological services available. Individual and group counseling and psychotherapy; crisis and behavior management.

Adult Public Psychiatric Clinic 684-3714
Orange Zone, sub-basement
Duke South
Hours: M-F 8 a.m. - 5 p.m.
Fees: sliding scale service

Open to all students. Both long term and short term services available.

Student Affairs:

Duke Coordinator of Sexual Assault Support Services 681-6882
[SEE description of services under "Counseling"]

Women's Center 684-3897
126 Few Fed Lounge
Contact: Martha Simmons

The Women's Center can:

- provide information, resources, support, and referral to appropriate departments and organizations for sexual assault, relationship violence, and sexual harrassment
- provide programming on these issues

Office of Residential Life 684-6313
209 Flowers Building
Contact: Karen Steinour

Residential Life can:

- provide a trained Resident Advisor (RA) staff to serve as peer counselors to students in crisis and to provide students with information and referrals.
- assist victims in getting to the emergency department through Public Safety or personal transportation
- alert students to existing programs on date and acquaintance rape and assist students in scheduling one for their residence or organization
- answer questions regarding on-campus housing concerns as they relate to the trauma of sexual assault

Office of Student Life 684-6488
109 Flowers Building
Contact: Sue Wasiolek

Student Life can:

- assist victims of sexual assault with identifying counseling options on and off campus
- discuss the various alternatives available for prosecution, includ-

ing the Undergraduate Judicial Board

- advise student accused of sexual assault about the judicial process
- answer questions regarding academic responsibilities and/or make referrals as needed
- provide FAC's (First-Year Students Advisory Counselors) with in-service training on rape and sexual assault, who can provide students with information and referrals in time of crisis

If a friend has been assaulted:

- Listen to her concerns openly; Never be judgemental.
- Make it clear that you believe her and that she must not blame herself for whatever happened.
- Stay with her - victims will often be afraid of being alone - even in familiar and "safe" surroundings.
- Let her make her own decisions. Victims of assault have had their control violently taken away. Even making small, seemingly irrelevant decisions can help a victim regain a sense of control.
- ENCOURAGE HER TO SEEK HELP FROM ONE OF THE ABOVE SOURCES. She has had a traumatic experience that she cannot overcome on her own.

FOR FURTHER READING:

Boston Women's Health Collective, *The New Our Bodies Ourselves*, New York: Simon and Schuster, 1984.

Brownmiller, Susan, *Against Our Will: Men, Women and Rape*, New York: Simon and Schuster, 1975.

Warshaw, Robin, *I Never Called It Rape*, New York: Harper & Row Publishers, 1988.

SOURCES

I Never Called It Rape. The MS. Report on Recognizing, Fighting, and Surviving Date and Acquaintance Rape. Robin Warshaw.

Rape Crisis Center of Durham.

Elena Broder. Chronicle Article: March 24, 1991.

Lieberman, Pete. Chronicle Article: November 25, 1991.

N.C. Department of Administration Council on the Status of Women,
Domestic violence and Sexual Assault Project.

PISCES, 101 House O.

Ruby Thompkins, Duke Public Safety.

Rebecca Falco, Women's Center.

Gender Issues



Up to this point, the Handbook is filled with factual information aimed at increasing our awareness of ourselves and our roles in the Duke community. The last section, however, has a different focus. This section raises questions about being a woman: issues that we face every day, as well as questions having long-term implications for us. It is important to remember that there are no universally right or wrong answers to these questions. These are decisions only you can make according to your own individual thoughts and values.

SEXISM IN THE CLASSROOM

Sexism does not have to be as overt as inferior pay, crude jokes, or pornographic pictures to be considered a legitimate issue; it simply means disrespectful treatment of a person based on sex. Sexism can be frustrating and debilitating when it is used against a woman by someone who has power over her. In the university setting, this is most likely to occur in the classroom.

Sexism in the classroom can take various forms, from the use of sexist language to serious sexual harassment. At Duke, some women feel too intimidated to speak in class, especially when the class has a predominance of male students and a male professor. Some professors (female professors included) value men's comments and ideas in class more than women's, and they make this bias known. Sometimes they call on male students more often or focus a discussion or seminar more sharply on the comments of male students.

When women hesitate to speak in class, it is not because of any natural reticence; rather it is the explicit and implicit attitudes of professors and classmates that instill feelings of inferiority in female students. These are feelings which become internalized after years of such experience in the classroom. These situations predominately occur in fields traditionally known as men's fields, such as engineering, the "hard" sciences, and philosophy. Many women do not even realize that they have been in intimidating situations until they enroll in a class that is more balanced, either by a greater number of vocal women or by a supportive professor. These issues are often ones of subtle perception. If you do not detect sexism as a factor in your classes, note the ratio of women to men who ask questions or are called upon in your lectures. You may observe an interesting pattern.

SEXIST LANGUAGE

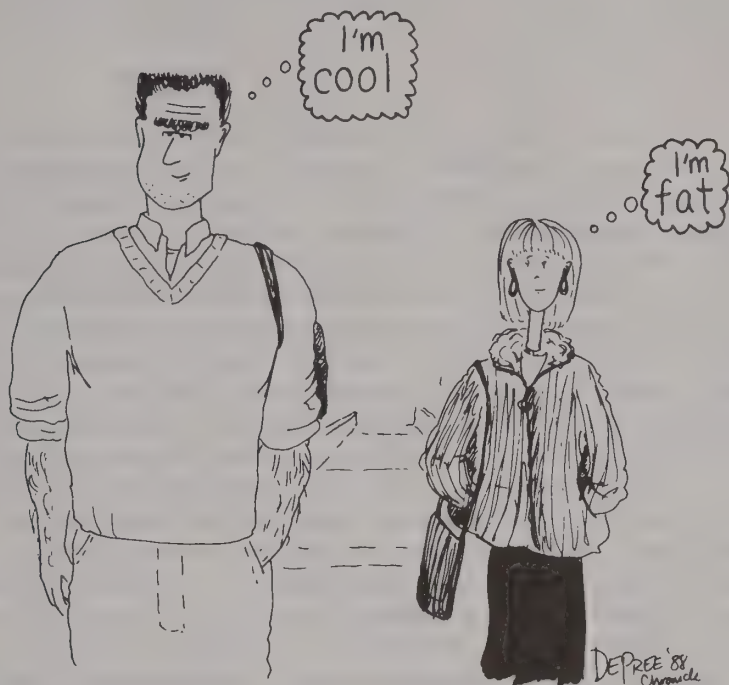
Sexist language exists so pervasively in our society that sometimes it seems trivial to try to change it incident by incident. In the classroom, the words "he," "him," and "his" are often used to refer to unknown or theoretical individuals who could just as easily be female. Many people still address letters to an unknown recipient with "Dear Sir" without considering that the reader may be a woman.

For some women, it is difficult to accept the argument that the male pronoun is universal or that "Man" implies all of humanity. Worse still is the answer that it is easier not to change gender-exclusive language. Try changing "he" to "she" in texts or in your speech and see how the reaction changes; also, see if and how the meanings change.

Sexist language is often less abstract than this and even masquerades as being complimentary to women, when in fact its result is objectification. The objectification of women involves looking at women as objects or using a language of objects to refer to them. Phrases such as "smart little thing" or "sweet young thing" literally turn women into objects and belittle our accomplishment in a masked manner.

The best way to fight sexist language is to identify what kind of language is offensive and then think about words to describe why it is offensive. Rehearse what you would like to say when you are confronted with sexist language (or other forms of sexism). For example: "I am bothered when you refer to all people as 'men.' Could you say 'people' instead?" Mention objections to texts and courses. Women often feel that such observations are unimportant to the content of the book or course, but these issues strongly and directly affect reception and perception, and they deserve to be mentioned and rectified. Additionally, a professor concerned with contemporary scholarship knows that gender-biased language is no longer acceptable and is often anxious to discuss such issues. The best way to affect or change language is to gain control of it for ourselves.

Duke: Where men are men and girls are girls.



SEXISM IN THE WORKPLACE

In Chapter 7, we defined sexual harassment in general terms and included Duke's official definition of sexual harassment. Rather than repeating that information, here we wish to talk briefly about sexism in the workplace.

Many women hold jobs while at Duke, and most will have careers after graduation. Unfortunately, many will encounter problems in the workplace that are similar to those experienced in the classroom. Although more women are entering the professions and holding positions of power within companies and businesses, sexual harassment continues to exist in forms such as demands for sexual favors in exchange for a promotion or job security. Harassment can be more subtle, however, including inappropriate flirting or comments. The attitude that keeps a female secretary perpetually bringing her male boss coffee still exists and carries over into all fields.

The same prejudices exist in the workplace as in the classroom,

but so do the same rules. If you feel you are being harrassed, you probably are. If you see this happening to others or to yourself, first tell the offender. If harrassment continues, talk to someone in a position of authority. In the case of harassment, you must be your own boss.

WOMEN'S FUTURES

Women's futures offer exciting possibilities and demand important decisions. Among the topics that will be important to us in the coming years are our careers, relationships, and lifestyles. We can create different combinations of these elements throughout our lives. The choice-making that will help to define our lives holds much opportunity.

For many Duke women, the decisions begin before graduation. Planning for the post-Duke world often involves finding a job or applying to graduate or professional school. Some will be certain of their goals, while others will choose to take more time to find their niche, and all are likely to have some degree of anxiety about the process. CAPS and the Career Development Center offer advice and information.

We will continue to make choices about our relationships. Some of us will marry, and others will choose to live alone, with a woman, or with a man. Deciding when or whether to have children will be an important question for many of us. We are likely to want different things from our personal lives at different times.

All women face personal and political questions about lifestyle, and all of us benefit when we discuss them together either informally among ourselves or publicly in handbooks, women's groups, religious settings or political forums. For example, the myth of "superwomen" leads many women to fear that they will not be able to 'have it all'. If we do not talk about the difficulties of raising a family and having a career or interject some reality into the myth of superwomen, we may increase our risk of burnout and perhaps make unnecessary sacrifices.

Men need to be concerned about women's futures, too. Opportunities for their involvement include general issues such as fair legislation and equal justice, as well as individual cases that are specific to their sisters, mothers, daughters, friends, and partners. Both women and men need to examine their attitudes toward women as professionals, as equals in the classroom, as workers at home, and as a force in society.

Many challenges and choices lie ahead. Careers, relationships and lifestyles intertwine to create a rich, complicated web. There is no one correct arrangement; each of us can decide what to leave out, and what to put on hold. We can adjust and re-evaluate as we go; our futures are flexible and hold much promise.

FEMINISM

Many of us who wrote this handbook are feminists. Feminism is a word that each person has to define for his or herself. Part of our definition of what it means to be a feminist is that we want women's lives and experiences to be considered valid as we ourselves experience and define them. We also want the undergraduates of Duke to feel the presence of women on this campus.

Unfortunately, the term feminist is often used in a derogatory way. This discourages some women from identifying themselves as feminists, and it divides people who are essentially in agreement with the idea that people should share equal access to opportunities — regardless of their gender. When you are considering whether or not you are a feminist keep in mind that sexism is not always a deliberate act or attitude. It is, unfortunately, deeply ingrained in our culture, the result of patterns that have developed over centuries that cause both women and men to think and behave in ways that are detrimental to women whether they realize it or not.

If you're unsure about what it means to be a feminist, take a look at some of the books in the bibliography at the end — they represent a variety of experiences and opinions. Reflect on your own thoughts as well. Part of feminism is realizing that your own experiences and thoughts are important; male-dominated society should not dictate what is valuable in the lives of women. Feminists, through many different avenues, seek to change society so that women will live on their own terms, without being constricted by stereotypes and prejudices. To appreciate the importance of individual experience in women's lives, listen to voices of women and men at Duke talking about themselves as feminists:

During my first semester at Duke, I was reading an article for my political science class. The first sentence read: "The average female college graduate earns \$2000 less annually...I didn't even finish reading the sentence; I figured I knew how it was going to end—than her male counterpart." So I wrote in my notes and continued. That's when I got what had to be the shock of a lifetime. The rest of the sentence actually read: "than a male high school drop-out."

Even allowing for some numerical manipulation, that's a pretty powerful statistic. And its implications are frightening. That was when I began to wake up to the harsh reality of sexism and the importance of feminism.

Feminism is not about hating men or rejecting womanhood. It is about being frustrated with a society that makes arbitrary, invalid distinctions solely on the basis of gender. As a feminist, I strive to be more aware of the practices and the institutions that hurt both men and women by

judging them not on the basis of any personal characteristics, but rather on their gender alone. I live for the day that this no longer happens and strive through my words and actions to help create that day.

Trinity '93

Before coming to Duke I wouldn't have labeled myself a feminist. The word always conjured up stereotypes about women who went around complaining only about sexist language, women who focused on small issues and missed the larger world. Now, as a sophomore, I have seen too many women objectified at parties and heard too many sexist comments tossed off at the Rat. It is now unfathomable to me that I could have wavered. I am a feminist – I respect women and men equally. I think language is worth changing since cultural assumptions are usually based on words, I am offended when women in my classes belittle their own abilities. I am a feminist – not a man-hater or a vengeful bitch who has been rejected one too many times. I am a feminist – your roommate, hallmate, sorority sister, biological sister, lab partner. I am a feminist – I respect myself.

Trinity '94

One day in 6th grade I became a feminist. We were having grammar with Miss Costible. I sat in my usual place, in the back left-hand corner, another boring pronoun sheet on the desk in front of me. We had to look at the italicized noun in each of 25 sentences and replace it with a pronoun in the blank beside the sentence. Most of the nouns were easy – "mother," "boy," "garbage can," clear cases of "she," "he," "it." Then I came to the "the plumber" As I lifted my yellow number 2 pencil to write "he," a thought struck me like a flash of lightning! Why not "she"? Girls can be plumbers too, I thought, and I wrote "she."

I don't think I thought much about it after that – until we were all going over the worksheet in class. Miss Costible said, "Now for number 12 everyone put 'he.'" And in a voice dripping with sarcasm she added, "except for Leeanna, who put 'she.'" There were little gasps and giggles from the rest of the 6th graders, as they all turned around to look at me. I was mad. Why couldn't I write "she"? It became a private campaign for me. Ever after, on any pronoun worksheet, in any ambiguous sentence, I made it a point to alternate my answers "he" and "she."

In one way or another I've felt like a crusader ever since. Sometimes I've had company on my crusade; most often I've felt alone. I could never understand why other people weren't full supporters of women's rights – until high school I thought everybody was. I felt very much alone, sometimes, in high school where the subject was completely taboo. Unfortunately, I didn't realize that until after I had spoken up in classes

once or twice for women, by then I had earned the reputation as a "radical feminist". (The only thing I remember specifically ever saying was in English, when after two months of reading poetry I asked, "Why aren't we reading any women poets?" Indeed, a truly radical idea.) I felt stigmatized – being a feminist was extremely uncool...and it was death to my social life, especially my dating life.

Okay, I thought, maybe guys aren't into this. But girls should be, why wouldn't every girl call herself a feminist? One of the saddest memories of my life came when one of my best friends told me, "Why don't you just not talk about it? You're too strong for women's rights. You're threatening the guys in our class." I have never felt so abandoned in my life. Threatening? Who was threatening whom? Was it my place to curb my actions and beliefs, so that none of the adolescent males in my class would feel the tiniest bit threatened?! No! I thought and at that moment I realized the consequences of my beliefs and accepted them.

I have been teased, insulted, accused of being a lesbian (in my conservative high school, one of the worst possible insults, perhaps the worst), and I always felt on the spot, as if I had to defend myself and the whole female sex at any instance of degradation. It was an exhausting job.

Trinity '91

Feminism is a word which is beginning to regain acceptance on the Duke campus. Through the Women's Center, the Women's Coalition, and various activities, gender issues have evolved into topics of much debate. There is still a long way to go—kegs still exist as the male-dominated cornerstone of social life on campus—but people are beginning to demand change. Realization of a problem is the first step to a solution. We're ready to move on.

Trinity '94

Feminism doesn't just mean equal rights for women; it means equality for all people. Only when women and men are considered equal in everyone's eyes will the goals of feminism be realized. It is hard to comprehend the fact that we live in a society in which people are judged not by merit, but by gender. This should enrage us, but instead we accept it. When I was six years old someone told me that women get paid less than men. I couldn't understand then, but I was sure that one day I would. I still don't understand this inequality and I probably never will. But I will never stop fighting it.

Trinity '93

For Further Reading:

These books are some writings about women and feminism that we've found helpful and interesting:

- Atwood, Margaret. *The Handmaid's Tale*.
- Boston Women's Health Collective. *The New Our Bodies Ourselves*.
- Bunch, Charlotte. *Passionate Politics*.
- Daly, Mary. *Gyn/Ecology*.
- Davis, Angela. *Race, Class, and Gender*.
- de Beauvoir, Simone. *The Second Sex*.
- Friedan, Betty. *The Feminine Mystique*.
- Friday, Nancy. *The Women's Room*.
- Gilligan, Carol. *In A Different Voice*.
- Greer, Germaine. *The Female Eunuch*.
- Hooks, Bell. *Ain't I A Woman: Black Women and Feminism; Feminist Theory: From Margin to Center*.
- Jaggar, Alison. *Feminist Politics and Human Nature*.
- Lerner, Harriet G. *The Dance of Anger*.
- Lorde, Audre. *Sister Outsider*.
- Millett, Kate. *Sexual Politics*.
- Morgan, Cherrie. *This Bridge Called My Back: Writings by Radical Women of Color*.
- Morgan, Robin. *Sisterhood is Powerful*.
- Morrison, Toni. *Sula; Beloved: A Novel; A Song of Solomon; Tar Baby*.
- Project on the Status and Education of Women. American Education Association. The Chilly Climate Papers. "The Classroom Climate: A Chilly One for Women," February 1982, and "Out of the Class: A Chilly Campus Climate for Women," October 1984.
- Rich, Adrienne. *On Lies, Secrets and Silence; Bread, Blood, and Poetry*; "Compulsory Heterosexuality: Lesbian Existence" in *The Signs Reader*.
- Steinem, Gloria. *Outrageous Acts and Everyday Rebellions*.
- Walker, Alice. *In Search of Our Mothers' Gardens: Womanist Prose; Meridian*.
- Woolf, Virginia. *A Room of One's Own; Three Gardens*.

If these titles interest you, READ MORE! Contact your professors, the Women's Center, the Gothic Book Shop, Southern Sisters Bookstore, or the Women's Studies Program Office for more titles.

GENDER PERCEPTIONS AT DUKE

The relations between men and women at Duke are affected by both the dynamics of the classroom and the social makeup of campus. The keg scene is largely recognized as an inadequate terrain upon which men and women find it difficult to form meaningful friendships and relationships. However, there are alternatives to this system. Today, more students are seeking these out, in their own groups of friends, at bars and restaurants in Durham, and in different living arrangements both on and off campus. Although this is the *Women's Handbook*, it is important to remain aware of the fact that gender perceptions concern women and men. The opportunity to alter current standards exists for everyone on this campus on an individual level and on an institutional level. Men Acting for Change and the Women's Coalition are two groups of several that provide a way for everyone to get involved. Below, different concerns have been raised, from problems unique to Duke's social scene to those more reflective of society as a whole.

When I call myself a "person" as opposed to a "woman," I am not trying to be politically correct. I have grown up in a family of three daughters, no sons. As children, my sisters and I had no immediate basis for gender comparison and therefore never saw our sex as a limitation on our potential capabilities. I have always considered myself a person first and then, for further classification, a female. However, here at Duke I am a person who can't walk alone at night, locks doors behind herself, and initially must distrust the motives of male strangers and acquaintances alike. I realize that not all people at Duke have these fears which have become, for me, reflexes. I am forced to recognize my femininity in terms of the vulnerability which it still implies. At a co-educational academic institution in the 1990s, one finds no written law as extreme as the one which forbade Virginia Woolf access to the Cambridge library in the 1920s. Academically being a woman at Duke is very similar to being a man. But a terrifying unwritten code, which women, not men, must learn and adhere to for their own physical safety, provides us with a distinction between sexes and creates "male students" and "female students."

Deborah Herring
Trinity '91

I used to believe that previous generations which restricted women to playing certain roles were responsible for our sexist society. I saw the conservative Reagan and Bush administrations and their increasingly conservative Supreme Court (which we've already seen threaten a woman's right to control her own body) as manifestations of this existing

sexism. I naively believed that as my generation grew up, we'd see a decline in sexism resulting from a greater respect for women's intelligence and potential contribution to society. However, I've come to realize that perhaps I should place some of the blame on women themselves for the lack of progress women have made in the last decade. For instance, what I've seen so far on the part of female students at Duke alone has frustrated me enough to overcome my fear of being deemed "one of those uptight feminists" by addressing my fellow female students.

How can we, as females, fight this existing situation? I believe the first step is to refuse to accept it. We must stop defining our self-worth according to our appearance, stop competing with one another and ultimately respect ourselves. If females chose not to attend Bourbon Street wearing black lace bras and open cropped jackets, maybe next year the theme of the party would be altered. After all, if we don't respect ourselves, how can we expect others to allot us the respect that we deserve?

Stefanie Rider
Trinity '94

Being involved in the Greek System on campus has allowed me to survey the relationships between fraternities and sororities first hand and to draw some of my own conclusions about the positive and negative aspects of the interaction among and between these men and women. It didn't take me long to realize that there was an intrinsic problem with the organization of "kegs" that gave men an advantage and caused women to resent the phrase "Come by kegs" more than many insults. Some of my friends and I agreed that the mere fact that women must come to the men's sections made us feel sort of alienated because we were on their "turf". Similarly, we began to notice that kegs were being substituted for dating, and that it often facilitated the woman finding herself in an awkward situation with a man. Additionally, kegs seemed to pit women against one another as they vied for the attention of men. Gradually, I began to frequent kegs less often. I have tried to explain to male friends of mine why inviting a woman to come by kegs is insulting, but unfortunately the responses are defensive. I think it's wrong for the men to take criticism about the keg system personally because they were not responsible for its origin, but I think that there is a lack of compassion and interest on some of my male friends' part about the problem. It's disappointing to realize that while my views have changed these friends have remained the same.

Kelly Ann Finley
Trinity '91

The largest obstacle we face in attempting to overcome problems in gender relations, on this campus and in general, is the obstacle of communication. Indeed, this itself is a problem of gender relations. A form of "relating" that is real and meaningful is a prerequisite to any and all solutions. This dialogue must take place, not only on a social level, but also on a personal one. Dialogue must take place not only between women and men, but also between a man and a man, a woman and a woman, a woman and a man. Listen with an open mind and heart. Disassemble the walls that stand between us. Listen – listen to others, and although it may be more difficult, listen to yourself.

*Greg Davis
Trinity '92*



Couldn't let this one slip by: The word reached me through a friend of a friend that in reference to their Bourbon Street party, a (frat) brother told a couple of pledges, "First we make 'em dress like whores, then we make 'em act like whores." Now frat boys have more respect for women than that, don't they?

Trinity '92

When I think about gender issues at Duke, I think about all the inconsistencies, prejudices and lies that are perpetuated here each day. Giles, being all women, is known as a convent. Yet all-male living groups

and fraternities are not stigmatized. Opinions shared in class by men seem so archaic. As a senior, I look back and wish I had gone to an all-women's college.

Trinity '92

How I have experienced Duke as a woman is certainly not a universal experience shared by all women at Duke. At the same time I would bet that almost any woman at Duke would find at least several parallels with my experiences because after all, Duke is a small place with a certain fixed culture.

I see my entrance to Duke as one marked by blindness. It is now difficult for me to recall feelings and sometimes even events of my first year or so here. I think a lot of that is a result of the changes that have occurred in me since my arrival. In some ways I am unable or unwilling to identify with who I was or wasn't. Not so much because I am ashamed of my naivete, though I am a little bit, rather it is the identification and remembrance of some of the needless pain I went through that I find disturbing...

Duke is not a place that prohibits women's freedom anymore than the rest of the world. Well, less in some ways and more in others. Upon arrival, certain paths seem sort of set in stone, and this is the most dangerous time. Going to parties seems like it is an incredibly important part of college life and kegs appear at first to be the only outlet. Some people may believe this until graduation. For me it is virtually incontestable that kegs are damaging to a woman's morale, whether or not she is a "success" there. We all hear stories about drunk freshmen ending up in some fraternity boy's room, falling victim to a crime she isn't sure she can label as such. This isn't the exclusive right of fraternities, I'm sure it happens in living groups as well...

I know of a freshman who was raped in a fraternity who told no one but a few close friends. She still goes there sometimes. That was the only sex she'd ever had. However, the Greek life is her network. I still ask, as do many non-participants in the Greek system: what brings women back for more? The answer is complicated. What really disturbs me is the defense some of the abusers receive from women and men who haven't yet been victimized. There are women who "love the guys" who know "Trevor just gets a little out of hand when he's drunk he's not really like that". People can't seem to grasp that just because someone is your friend doesn't make him innocent. Even murderers have friends who "just can't understand it, he was such a nice guy."

It's difficult. The solution isn't to hate all fraternity members. It's impractical, and the truth is I'm sure some of them are nice guys, misguided, but nice. I feel confused when I seek an appropriate response to the all-powerful Greek life on campus. To separate myself was easy

enough but I am left with the question: Do I have more of a responsibility? My friends who socialize within the system certainly don't want to hear it from me. In some ways maybe because it's threatening, hearing that the social structure upon which they've relied, indeed in some ways a model for the future, is degrading to them. In some way I'm a separatist, in other ways I'm not. I hate to listen to stories about "Red Light District" parties or its new equivalent. I won't go out with my friends from freshman year who only go to kegs. I've seen so much violation that I can't go into a party now without seeing it in process or potential everywhere.

I realize that in the past couple of years I have isolated myself, found people I respect who respect me and in some ways have lost the ability to relate to what goes on in "mainstream" Duke. It is a great loss that women and men who realize it is well worth the struggle to find something more to Duke than Greek life tend to separate themselves completely, because often they form a formidable but silent group. When I was a first year student here, I didn't know anyone aside from my neighbors and the few people I met through classes. It seems like the way to meet people is through the Greek system. I think this year's attempt to reach freshmen before rush was a sincere and hopeful one. There were forums hosted in a few dorms to talk about alternatives to Greek life and the realities of Greek life as seen by older Duke women. So I can't leave this on an entirely negative note. Looking back over my time at Duke, I see awareness being raised.

I have only been here three years and I can say in certainty that things have changed. Women's Studies is respected, even cool. Most senior women I know have taken at least one class that falls into the category. Friends from first year who I thought never wanted to think about "gender issues" have said things to me like, "I really regret not getting involved with Women's Studies." I've had friends come to me outraged about incidents of injustice and not afraid to talk about it. There is an urgency in upper class women to share their experiences with others, particularly younger women, and they are doing it. There is growing support from different groups, the DGLA, CAPS, the Women's Center and DARE. The existence of some of these organizations in itself is remarkable. Violence against women on the college level, subtle and overt, is not going to stop. However, it is being labeled and recognized as being wrong. More and more women and men are resisting it and succeeding. This growth in face of what is considered an apathetic campus and during times when it is not so in to be a feminist, and where inequality has become more difficult to perceive (than in the 60's and before) is a great accomplishment.

Trinity '91



AT DUKE, WE PRIDE OURSELVES ON OUR ASTUTE LISTENING SKILLS...

It's fair to say that a general feeling of discontent and frustration pervades this University concerning its lack of a social scene. Gender relations at Duke...What kind of scenes flash through your mind when you hear this phrase? Kegs, classes, encounters on the Bryan Center Walkway, at the C.I. or in line at a basketball game? What happens during these encounters? How do we think about them? In my four years at Duke I've heard many complaints concerning the social scene at Duke. The frustrations that are expressed by both genders seem to revolve around the lack of opportunities that the current Duke social scene provides for building close cross-sex friendships.

Why is it that the opportunities that exist for social interaction on this campus are inadequate? What do we consider a "good" social scene? How would we create a chance for more positive social interactions? In thinking about these questions we must first examine the positive and negative aspects of what we currently have at Duke. Although there are social opportunities offered through organizations on campus such as APO, Habitat, CHANCE, or films and bands sponsored by various groups, most students feel the most prominent aspects of Duke's social life revolve around kegs. While there are many students who don't subscribe to this part of Duke's social scene, and instead create their own social outlets in small group activities, kegs are still the only social institution on campus where large groups of students can gather and meet one another.

What effects do kegs have on gender relations at Duke? Kegs afford many students a chance to relax and hang out, see people they know and scopes they hope to know, and generally allow students to leave their dorm rooms to see who else is on this campus. Kegs also have some serious problems in the way they help shape gender relations at Duke. The key role kegs play in Duke's social atmosphere provides Duke fraternity men with more control over gender relations than any group on campus. They take responsibility off the male and provide a safe haven for him to socialize. There's an imbalance of power in gender relations when the male can casually mention to any female to "Come by kegs." With no risk of rejection, the male has nothing to lose while the female's role involves the risk of making the effort to go to kegs on his turf, surrounded by his friends. He decides whether to approach her or not; she waits. This imbalance in social opportunity not only affects all females, but also largely affects all independent males at Duke. Both deal with the issues of social risk that involve the uncomfortable feelings associated with walking into any fraternity section full of brothers.

The central role that kegs have developed into at Duke is partially a natural outgrowth of a larger problem. A primary cause of Duke's inadequate social scene is the geographic isolation of the campus. There is no Duke equivalent to Franklin Street. Any social establishments off campus are so scattered that they provide little opportunity for unplanned encounters even if students manage to get a group together to drive there. The lack of a central location for students to gather to relax, have a good time, and meet new people is the cause of much of the dissatisfaction and frustration in Duke's social atmosphere. The way the campus is structured it allows little chance for the students to expand their circle of close friendships with the opposite sex. This lack of a central location for students to gather forces fraternities to attempt to provide the social outlets that most universities have in the form of a college town.

Jennifer Gorman
Trinity '90

OUTSIDE THE MAINSTREAM

The Women's Handbook has been concerned with providing information for women about a number of organizations and programs which provide resources on Duke's campus and in the Durham community. In this section, we turn to women who have explored ideas for activism outside these mainstream outlets.

Those of you in the Duke community who find yourselves frustrated with the range of activist opportunities which do exist on this campus, you may have wondered "What else is there?" It is true that many mainstream groups are

unwilling to take any stance that may be perceived as "radical," or to identify themselves openly as "feminists." This can be frustrating for individuals whose needs and concerns may not be met by mainstream organizations.

Because of the nature of radical activity, it is not entirely possible to list institutionalized groups which you might turn to as resources, but it is possible to provide information about the range of radical activity which does occur on college campuses today across the country. An awareness of the existence of radical activity may prove useful to anyone interested in women's issues because it will provide an added perspective to any understanding of the range of activism and feminist stances which do exist.

Working outside of the mainstream has been traditionally defined as "radical" and the word carries negative stereotypes. What exactly does radicalism mean and what kinds of activities can be said to be radical?

As a political philosophy, radical feminism emerged in the late 1960s as a reaction to mainstream feminism in the form of the New Left or more mainstream groups like NOW. As a political stance, radical feminism involves a call for social change and a wide-reaching effort to change the institutionalized system of patriarchy. According to various takes on this view, the only way to end patriarchal oppression of women and men, as well as other systems of oppression, is to eliminate patriarchy and form a new social order. Radical feminism as a coherent political movement perhaps reached its peak in the early 1970s with consciousness-raising and self-help groups, the organization of separate women's communities, and slogans such as "the personal is political." Feminism as a political movement in the 1980s has been dominated by a liberal feminist stance and efforts to coalition-build and lobby in legislative arenas.

The radical activity which has occurred around the country in the past several years had centered on issues of safety for women and sexual assault and harassment. An increasing number of colleges have witnessed demands by activist groups for specific sexual harassment policies in college judiciary codes as well as demands for education on issues of rape and sexual harassment. Take Back the Night marches, mass marches for women's safety, are widespread examples of this kind of activity. Brown University witnessed a media field day in 1990 when a "rape list" including the names of 30 men accused of rape was scrawled on a bathroom wall. The general outcry over the violation of rights for both the women unable to gain hearings for rape charges and the men informally accused of rape resulted in the institution of sexual assault as an offense in the school's disciplinary code, the establishment of mandatory programming on sexual assault for first year students, the appointment of a Dean for Women's Concerns, and the creation of a support group for rape victims. Other highly-publicized instances of activism over women's and feminist issues include issues of curriculum.

*Leigh Edwards
Trinity 92*

I don't consider myself a radical. Only in the limited pool of of Duke's population would I even be a candidate for the title, and this is partly because my experience has been primarily with women's issues, and you don't have to go far down a feminist path to be considered radical around here.

My own radical action has come as a result of my anger at the ways I have seen women treated on campus and in general, and my frustrations at witnessing an inflexible system in a community which seems largely indifferent. All of the statements for change which I have made or with which I have been involved have served a largely cathartic function for me. I have very little evidence that my attempts to make Duke wake up and pay attention have been noticed. But having said and done what I did, I am encouraged by my abilities, and I know I will act again.

Few people come to Duke as committed radicals. Most don't have the experience or knowledge that would enable or push one to radical thinking, much less action. The process of radicalization for most people consists of the following: exposure, concern, a gaining of vocabulary and framework by which to express concerns, a discovery of community in others with similar concerns, a lot of talk and maybe, at long last, some action.

These activists have firsthand experience, and motivation, and many of them have tried to work within "the system" but have been unsatisfied with the results. Those who turn to radical action are the ones who have seen their principles and ideas turned to mush by people less concerned, more risk-averse, less decided. For example, a common complaint among feminist activists on campus is the "but I wouldn't call myself a feminist" variety of women who seem to want everything feminists want but do not want to stand up to the label and prove its detractors wrong, women who think that if they say they are feminists that they will automatically have to stop shaving their legs.

The success of radical action usually depends on the reactions of others. Acts which aren't strong enough are ignored. Indifference seems to reign at Duke, which is not a good indication of what awaits us outside campus.

As a society we hang out on the tame end of the spectrum of radical action far too much of the time. Other times when people act, they lash out in an unplanned pointless flailing of anger. Students are ready enough to burn a bench for basketball, but if that kind of energy and desire were focused elsewhere, Duke would surely be a different place. And Duke is only the start in a world that needs some shaking up.

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